



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000001084</b> 1. Entity Name <b>DIEL GROUP, LLC</b>	
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Principal Place of Business <b>8509 NW COUNTY ROAD 25A OCALA, FL 34475</b>	Mailing Address <b>8509 NW COUNTY ROAD 25A OCALA, FL 34475</b>
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>51-0563227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DIEL, CHAD  
8509 NW COUNTY ROAD 25A  
OCALA, FL 34475**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**


**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DIEL, CHAD 8509 NW COUNTY ROAD 25A OCALA, FL 34475</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DIEL, DREW SR 8509 NW COUNTY ROAD 25A OCALA, FL 34475</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR DIEL, DREW JR 8509 NW COUNTY ROAD 25A OCALA, FL 34475</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000786895  
01/17/08-80053-025 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1-9-08 352-732-9221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #