## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000001084

DIEL, DREW JR

OCALA, FL 34475

8509 NW COUNTY ROAD 25A

Name:

Address:

City-St-Zip:

Entity Name: DIEL GROUP, LLC

FILED Feb 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8509 NW COUNTY ROAD 25A OCALA, FL 34475 **Current Mailing Address: New Mailing Address:** 8509 NW COUNTY ROAD 25A OCALA, FL 34475 FEI Number: 51-0563227 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIEL, CHAD 8509 NW COUNTY ROAD 25A OCALA, FL 34475 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DIEL, CHAD Name: Name: Address: 8509 NW COUNTY ROAD 25A Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DIEL, DREW SR Name: Name: Address: 8509 NW COUNTY ROAD 25A Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHAD DIEL MGRM 02/13/2009