

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000006065**

1. Entity Name  
**DIACO FARMER'S GROUP, L.L.C.**



Principal Place of Business

**8040 CORAL WAY  
MIAMI, FL 33155**

Mailing Address

**8103 CORAL WAY  
MIAMI, FL 33155 US**



02272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0954713**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**CHOU, VIVIAN ESQ.  
7901 LUDLAM RD., STE. 206  
SOUTH MIAMI, FL 33143**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	COLAO, JUAN A
STREET ADDRESS	9961 SW 142ND AVENUE
CITY-ST-ZIP	MIAMI, FL 331866844
TITLE	MGRM
NAME	OBREGON, MARIO
STREET ADDRESS	6701 SUNSET DRIVE, SUITE 115
CITY-ST-ZIP	MIAMI, FL 331434529
TITLE	MGRM
NAME	LOPEZ, ALEJANDRO
STREET ADDRESS	322 INDIAN TRACE ROAD
CITY-ST-ZIP	WESTON, FL 333262996
TITLE	MGRM
NAME	GONZALEZ, RICHARD
STREET ADDRESS	8103 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	HELBIG, GUILLERMO
STREET ADDRESS	10240 S.W. 56TH ST., STE. 104
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000290232  
04/06/05-80058-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #