

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 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**

DO NOT WRITE IN THIS SPACE



01282007No Chg-LLC

CR2E083 (11/05)

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, 2007**

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	

U00000633544
02/21/07-80066-013 50.00

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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: _____

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

Date

Daytime Phone #

01/31/07

305-238