

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90035 050 \*\*\*\*50.00

**DOCUMENT # L04000038422**

1. Entity Name  
DIAL, LLC



Principal Place of Business  
3070 NW 36 STREET  
MIAMI, FL 33142

Mailing Address  
3070 NW 36 STREET  
MIAMI, FL 33142

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-1154998

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POTLACH, ALEJANDRO  
3070 NW 36 STREET  
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1500 WEEPING WILLOW WAY

City

HOLLYWOOD

FL

Zip Code

33019

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, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME POTLACH, ALEJANDRO ☐ Delete  
STREET ADDRESS 3070 NW 36 STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE MGR ☒ Change ☐ Addition  
NAME POTLACH, ALEJANDRO  
STREET ADDRESS 1500 WEEPING WILLOW WAY  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE MGR ☐ Delete  
NAME BENBASSAT, DIEGO  
STREET ADDRESS 3070 NW 36 STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE MGR ☒ Change ☐ Addition  
NAME BENBASSAT, DIEGO  
STREET ADDRESS 1433 MONROE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DIEGO BENBASSAT MGR

Date

Daytime Phone #