

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000015389

1. Entity Name
DATOS LLC



Principal Place of Business

**8181 NORTHWEST 154TH ST., STE. 250
MIAMI LAKES, FL 33016**

Mailing Address

**8181 NORTHWEST 154TH ST., STE. 250
MIAMI LAKES, FL 33016**



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0408074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, ERONIDES
7401 SABAL DRIVE
HIALEAH, FL 33016**

**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 _____

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

U000000920519
02/18/08-80031-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GONZALES, ERONIDES
8181 NORTHWEST 154TH ST., STE. 250
MIAMI LAKES, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALLEN, WARREN
8181 NORTHWEST 154TH ST., STE. 250
MIAMI LAKES, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MENDOZA, CLAUDIO
8275 SW 53RD AVENUE
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OTALORA, RAFAEL
18535 SW 42ND STREET
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

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

Date

Daytime Phone #

Rafael Otholara
Treasurer

01/05/2008 (305) 512-2872