

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015389

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: DATOS LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 03-0408074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, ERONIDES  
7401 SABAL DRIVE  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: GONZALES, ERONIDES  
Address: 8181 NORTHWEST 154TH ST., STE. 250  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR ( ) Delete  
Name: ALLEN, WARREN  
Address: 8181 NORTHWEST 154TH ST., STE. 250  
City-St-Zip: MIAMI LAKES, FL 33016

Title: S ( ) Delete  
Name: MENDOZA, CLAUDIO  
Address: 8275 SW 53RD AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: T ( ) Delete  
Name: OTALORA, RAFAEL  
Address: 18535 SW 42ND STREET  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: RAFAEL OTALORA

T

02/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date