## Florida Department of State Division of Corporations **Public Access System**

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

1 (561)694-1639

# LLC AMND/RESTATE/CORRECT OR M/MG RESIG

### DATA RETURN LLC

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M. THOMAS

FEB - 4 2009

EXAMINER



February 3, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

DATA RETURN LLC ONE BISCAYNE TOWER 2 S BISCAYNE BLVD, STE 2900 MIAMI, FL 33131

SUBJECT: DATA RETURN LLC

REF: M08000000226

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Marsha Thomas Regulatory Specialist II

FAX Aud. #: H09000023327 Letter Number: 309A00003753

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### AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

فال العميميوه المال العميميوه

1. The name of the limited liability compan Department of State is: DATA RETURN L	y as it appears on the records of the Florida LC			
2. This entity was formed under the laws of	Delaware	.*		
3. This entity was authorized to transact bus and its Florida document/registration number	siness in Florida on 01/14/2008 er is M08000000226	<b>-</b>		
4. The name and address of each manager of	or managing member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	MANUEL D. MEDINA 2 S BISCAYNE BLVD, STE 2900 MIAMI FL 33131	- - -		
MGR	JOSE A. SEGRERA 2 S BISCAYNE BLVD, STE 2900 MIAMI FL 33131	- -		
·		- ASS	09 FEB	
		21- 1-15 SSEL OF S	-3 AM	
		PIPA -	- <del>-</del> - <del>-</del>	•
Required Signature: A SUMMON		<u>-</u> -		

(Signature of Manager, Managing Member or Member)
Manuel D. Medina, Manager by. S.Simons as attorney-in-fact

Filing Fee: \$25