2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100001429

1. Entity Name

SOLARCOM, LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90042 001 ****50.00

				GOO WE THE						
		Mailing Address ONE SUN COURT NORCROSS GA 30092	ONE SUN COURT .			500522aa				
2. Principal Pla	ace of Business	3. Mailing Address			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
			O're Carte			4. FEI Number 41-1254123 Applied For				
City & State		City & State	·		4. TE(14u(i)	——————————————————————————————————————		Not Applicable		
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired			\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Nome	7. Name ar	d Address of New R	egistered A	gent		
	CORPORATION SYSTEM				Name Street Address (P.O. Box Number is Not Acceptable)					
_	South Pine Island Road Itation FL 33324				SS (F.O. DOX 140111			<u> </u>		
			,	City	<u>-</u>	<u> </u>	FL	Zip Code	,	
					stand coast or h	oth in the State of Flo		miliar with a	and accept	
the obligation	named entity submits this statement for ons of registered agent.					Oth, in the oldie of the	DATE			
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered	Agent signature rec	juired when reinstating)	<u> </u>	DATE	-		
		Make Check Payab	le to Flo	FEE IS \$50.0 orida Depart ay 1, 2003		٢	* • .	٠.,		
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLARCOM HOLDINGS INC ONE SUN COURT NORCROSS GA 30092	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		4	-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E				☐ Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

| Constitute | Co