

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90010 016 \*\*\*\*50.00

DOCUMENT # M02000003318

1. Entity Name

SOLUNET LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1675 BROADWAY, SUITE 900

Suite, Apt. #, etc.

DENVER, CO

City & State

3. Mailing Address

1675 BROADWAY, SUITE 900

Suite, Apt. #, etc.

DENVER, CO

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1558123

Applied For

Not Applicable

Zip

80202

Country

USA

Zip

80202

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

NATIONAL REGISTERED AGENTS, INC.

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

520 EAST PARK AVENUE

City

TALLAHASSEE

FL

Zip Code

32301

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAIRMAN, BOARD OF MANAGERS  
ALLEN J. MARABITO  
1675 BROADWAY, SUITE 900  
DENVER, CO 80202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
SCOTT A. DANITZ  
1675 BROADWAY, SUITE 900  
DENVER, CO 80202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
MICHAEL SARACCO  
1675 BROADWAY, SUITE 900  
DENVER, CO 80202

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

Allen Marabito

ALLEN J. MARABITO

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

Date

303-292-4973

Daytime Phone #

CR2E083B (12/02)