2000 UNIFORM BUSINESS REPORT (UBR)

M98000000566 DOCUMENT # 1. Entity Name 00 MAY -4 PM 12: 07 RESCUE ROOTER L.L.C., A LIMITED LIABILITY COMPAN SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 860 RIDGE LAKE BLVD 860 RIDGE LAKE BLVD MEMPHIS TN 38120-9421 MEMPHIS TN 38120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-4194801 Not Applicable Ζiρ Zip Country \$5,00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Addition TITLE Change MGRM TITLE Deserte SERVICEMASTER CONSUMER SERVICES LIMITED PA NAME MAME 860 RIDGE LAKE BLVD STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- 8T- 21P MEMPHIS TN 38120 70000326065 -05/26/00---01031***005**** Delete TITLE MAME MAME ****50.00 *****50.00 STREET ANDRESS STREET ADDRESS CITY- 21-71P CITY-ST-ZIP Change Addition Ocieta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP TITLE C Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 27- 71P Change Addition TITI F TITLE Delete MAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/1/00

Daytime Phone #

APPROVED

CR2E083