

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000008105

Entity Name: FURNITURE MEDIC SPE LLC**Current Principal Place of Business:**1 GLENLAKE PARKWAY NE
SUITE 1400
ATLANTA, GA 30328**Current Mailing Address:**1 GLENLAKE PARKWAY NE
SUITE 1400
ATLANTA, GA 30328 US**FEI Number:** 87-2717014**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC
115 NORTH CALHOUN ST. SUITE 4
TALLAHASSEE, FL 32301 US*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

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name SERVICEMASTER SYSTEMS LLC
Address 1 GLENLAKE PARKWAY NE
SUITE 1400
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT/CEO
Name WELLER, GREG
Address 1 GLENLAKE PARKWAY NE
SUITE 1400
City-State-Zip: ATLANTA GA 30328

Title SECRETARY, GENERAL COUNSEL,
MANAGER
Name KINNEY, TRICIA
Address 1 GLENLAKE PARKWAY NE
SUITE 1400
City-State-Zip: ATLANTA GA 30328

Title TREASURER, MANAGER
Name SONI, VIPUL
Address 1 GLENLAKE PARKWAY NE
SUITE 1400
City-State-Zip: ATLANTA GA 30328

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRICIA KINNEYSECRETARY, GENERAL
COUNSEL

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date