

**2022 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, MANAGER  
Name STOCK, ELANE  
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 KINNEY**SECRETARY****04/28/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date