

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000008111

**Entity Name:** AMERISPEC 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:** 87-2670094

**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           SECRETARY, GENERAL COUNSEL,  
                  MANAGER  
Name           KINNEY, TRICIA  
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           MANAGER, TREASURER  
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, GENERAL      04/19/2023  
COUNSEL**

Electronic Signature of Signing Authorized Person(s) Detail

Date