## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000000759

Entity Name: SERVICE EXPERTS HEATING & AIR CONDITIONING LLC

FILED
Apr 26, 2021
Secretary of State
8586534172CC

## **Current Principal Place of Business:**

SUITE 128 1840 N. GREENVILLE AVENUE

RICHARDSON, TX 75081

## **Current Mailing Address:**

SUITE 128 1840 N. GREENVILLE AVENUE RICHARDSON, TX 75081 US

FEI Number: 68-0598279 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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:

Authorized Person(s) Detail:

Title MEMBER Title CO-CHIEF OPERATING OFFICER

Name SERVICE EXPERTS LLC Name ROGERS, RICHARD R.

Address SUITE 128 1840 N. GREENVILLE Address SUITE 128 1840 N. GREENVILLE

AVENUE AVENUE

City-State-Zip: RICHARDSON TX 75081 City-State-Zip: RICHARDSON TX 75081

TitleCFO, TREASURERTitleASST. SECRETARYNameMUGHAL, ADNANNameMORRIS, CAROL

Address SUITE 128 1840 N. GREENVILLE Address SUITE 128 1840 N. GREENVILLE

AVENUE AVENUE

City-State-Zip: RICHARDSON TX 75081 City-State-Zip: RICHARDSON TX 75081

Title SECRETARY, GENERAL COUNSEL Title PRESIDENT

Name LI, TRACY Name KRAUSE, JENINE

Address SUITE 128 1840 N. GREENVILLE Address SUITE 128 1840 N. GREENVILLE

AVENUE AVENUE

City-State-Zip: RICHARDSON TX 75081 City-State-Zip: RICHARDSON TX 75081

Title VP Title CO-CHIEF OPERATING OFFICER

Name LOWE, GEOFF Name SAGHIR, SYED F.

Address SUITE 128 1840 N. GREENVILLE Address SUITE 128 1840 N. GREENVILLE

AVENUE AVENUE

City-State-Zip: RICHARDSON TX 75081 City-State-Zip: RICHARDSON TX 75081

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: TRACY LI SECRETARY 04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date