

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000009677

Entity Name: SPECIALTY PRODUCTS AND INSULATION LLC**Current Principal Place of Business:**2101 REXFORD RD
SUITE 300
CHARLOTTE, NC 28211**Current Mailing Address:**2101 REXFORD RD
SUITE 300
CHARLOTTE, NC 28211 US**FEI Number:** 83-1674028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TREASURER, MANAGER,
 SECRETARY
Name BOLT, KEITH
Address 2101 REXFORD RD
 SUITE 300
City-State-Zip: CHARLOTTE NC 28211

Title MANAGER, SECRETARY
Name SEARS, RAY
Address 2101 REXFORD RD
 SUITE 300
City-State-Zip: CHARLOTTE NC 28211

Title PRESIDENT, MANAGER
Name PERRY, JON
Address 2101 REXFORD RD
 SUITE 300
City-State-Zip: CHARLOTTE NC 28211

Title MANAGING MEMBER
Name SPI INTERMEDIATE LLC
Address 2101 REXFORD RD
 SUITE 300
City-State-Zip: CHARLOTTE NC 28211

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: KEITH BOLT**SECRETARY****03/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date