

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009677

**Entity Name:** SPECIALTY PRODUCTS AND INSULATION LLC

**Current Principal Place of Business:**

2101 REXFORD RD  
SUITE 300E  
CHARLOTTE, NC 28211

**Current Mailing Address:**

2101 REXFORD RD  
SUITE 300E  
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           MANAGER  
Name           BOLT, KEITH  
Address        2101 REXFORD RD  
                  SUITE 300E  
City-State-Zip: CHARLOTTE NC 28211

Title           MEMBER  
Name           SPI INTERMEDIATE LLC  
Address        2101 REXFORD RD  
                  SUITE 300E  
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

**MANAGER**

**02/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date