oau, wat ram a managing member or manager or we innited nability company or the receiver or trustee empowered to execute this report as required by that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 1202 TROY SCHENECTADY RD

Entity Name: MAPLE TREE FUNDING LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

BLDG 3 LATHAM, NY 12110

Current Mailing Address:

DOCUMENT# L14000054411

1202 TROY SCHENECTADY RD BLDG 3 LATHAM, NY 12110

FEI Number: 32-0093114

Name and Address of Current Registered Agent:

NICHOLS, MARK 100 SOUTH BIRCH ROAD 1105 FORT LAUDERDALE, FL 33316 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

Authorized Person(s) Detail :

Title	MGR	Title	ACTING MANAGER - CHIEF COMPLIANCE OFFICER
Name	PFEIFFENBERGER, MARTIN E		COMILEANCE OF HOLK
		Name	LATZA, SHANE D
A al al u a a a			
Address	1202 TROY SCHENECTADY RD BLDG 3	Address	1202 TROY SCHENECTADY RD
City-State-Zip:	LATHAM NY 12110		BLDG 3
		City-State-Zip:	LATHAM NY 12110

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

ACTING MANAGER

01/04/2021

Date

Date

Certificate of Status Desired: No

SIGNATURE: SHANE D. LATZA