140700006667

(F	Requestor's Name)	
(A	Address)	
	Address)	
((duless)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



600371618606



2021 AUG 12 PM 2: 01

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/12/2021

NAME: ALARM FUNDING ASSOCIATES, LLC

TYPE OF FILING: WITHDRAWAL

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ALAKM FUND	ING ASSOCIATES, LLC	
	(Name of limited liability company)	
Maryland		
	(Jurisdiction of its organization)	
11/13/2007		
	(Date registered with Florida Department of State)	
M07000006667	·	
	(Florida Document Number)	
(If an effective more than 90 o Note: If the da	t, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date days after filing.) the inserted in this block does not meet the applicable statutory file to be listed as the document's effective date on the Department of	ling requirements,
	(Signature of authorized representative)	— AND: 00
	Greg Matecki	
	(Typed or printed name of signes)	·

Filing Fee: \$25.00