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Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entry to be the series of the Enter the email address for this business entity to be used for future

Email Address: cls-agentresignations@wolterskluwer.com

LLC REGISTERED AGENT RESIGNATION ALARM FUNDING ASSOCIATES, LLC

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1/1

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	5. Florida Statutes, the und	ersigned.			
C T CORPORATION SYSTEM		_ , hereby resigns as				
	Name of Registered Age					
Registered Agent for _	<u> </u>					
ALARM FUNDING AS	SSOCIATES, LLC					
	Name of Lim	ited Liability Company				 '
M07000006667						
Document 8	Sumber, if known					
A copy of this resignat	ion was mailed to the a	above listed limited liability	y company at its las	st knowr	n addre	5\$.
The agency is terminat	ed and the office disco	ntinued on the 31st day aft	ler the date on whic	h this st	atemer	nt is filed.
		Nancy Helm-Brown				
		Signature of Resigning Agent				
If signing on behalf of	an entity:					
	Nancy Helm-Brown				2024 JAN	
	T.	yped or Printed Name			Ç	1
	Assistant Secretary			-	==	<u> </u>
		Capacity			2	무슨
	<u>FILING</u>	rere.		:	Ÿ	•
	\$ 85.00 \$ 25.00	Active limited liability (Administratively dissol- withdrawn limited liabi	company ved/ voluntarily dis ility company	ssolved/	5	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314