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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/3/2023 3:51 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Certificate of Withdrawal of Assumed Name (Domestic or Foreign Business Entity)

CWA

| (502) 564-3490 www.sos.ky.gov | * | | | | |
|---|-------|--------------------------|---|-----------------|----------|
| Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements: | | | | | |
| The assumed name to be withdrawn is (The name must be identical to the name on record with the Secretary of State.) | | | | | |
| The assumed name has been discontinued by MY ALARM CENTER, LLC (Must be the exact name of the entity or partners) | | | | | |
| 3. This application will be effective upon filing. | | | | | |
| 4. The date the original certificate was filed: 05/21/2015 | | | | | |
| 5. The "real name" is (you must check one): | | | | | |
| a Domestic General Partnership | | | a Foreign General Partnership | | |
| a Domestic Limited Liability Partnership | | | a Foreign Limited Liability Partnership | | |
| a Domestic Limited Partnership | | | a Foreign Limited Partnership | | |
| a Domestic Business Trust | | a Foreign Business Trust | | | |
| a Domestic Corporation | | | a Foreign Corporation | | |
| a Domestic Limited Liability Company | | X | a Foreign Limited Liability Company | | |
| 6. The mailing address is: | | | | | |
| 3803 West Chester Pike, Suite 100 | | Newtown Square |] | PA | 19073 |
| Street Address or Post Office Box Nu | mbers | City | | State | Zip |
| I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct. | | | | | |
| | | Anastasia Bottos | | President & COO | 5/2/2023 |
| Signature of Authorized Party | | Printed Name | | Title | Date |