

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL  
TELEMUNDO STUDIOS MIAMI LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

RECEIVED

15 FEB -9 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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Corporate Filing Menu

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB -9 AM 8:20

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Telemundo Studios Miami LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriela Kornzweig

(Name of Person)

NBCUniversal Media, LLC

(Firm/Company)

100 Universal City Plaza

(Address)

Universal City, CA 91608

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriela Kornzweig

(Name of Person)

818

777-8636

at (

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Telemundo Studios Miami LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/25/2004

(Date registered with Florida Department of State)

M04000004590

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Gabriela Kornzweig, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00

**FILED**  
15 FEB -9 AM 8:21  
SECRETARY OF STATE  
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