

MD7000005792

(Registrar's Name)



200247566432

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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05/20/13--01009--015 **25.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JULIA H. S. OF STATE
MAY 20 2013

J. SAULSBERRY
EXAMINER

MAY 21 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newport Television 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:

Phillip Shiver
(Name of Person)

Newport Television
(Firm/Company)

4741 Central Street #1600
(Address)

Kansas City, MO 64112
(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip Shiver at (816) 751-0200
(Name of Person) (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

RECEIVED
MAY 20 11 00 AM
TALLAHASSEE, FLORIDA

2013 MAY 20 AM 8:39

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Newport Television LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

M07000005792

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

4741 Central Street #1600

(Mailing address)

Kansas City, MO 64112

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Phillip Shiver

(Signature of member or authorized representative of a member)

Phillip Shiver VP/Controller

(Typed or printed name of signee)

2013 MAY 20 AM 8:39
FILED

Filing Fee: \$25.00