

107000005943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100163759571

02/23/10--01013--002 \*\*85.00

FILED  
2010 FEB 23 P 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Ther  
2-25-10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEWGEN BROADCASTING LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M07000005943

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenna L Lutter  
Name of Person

BizFilings  
Name of Firm/Company

8040 Excelsior Dr Suite 200  
Address

Madison, WI 53717  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenna Lutter, BizFilings at ( 608 ) 827-5300 x232  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Business Filings Incorporated

Name of Registered Agent

Registered Agent for NEWGEN BROADCASTING LLC

Name of Limited Liability Company

M07000005943

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Brenna L Lutter

Signature of Resigning Agent

If signing on behalf of an entity:

Brenna L Lutter

Typed or Printed Name

Asst. Secretary, Business Filings Incorporated

Capacity

### **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |

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

**FILED**  
2000 FEB 23 P 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA