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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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LLC DISSOLUTION OR WITHDRAWAL FL-DEERFIELD PLANT, LLC

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Corporate Filing Menu

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COVER LETTER

	gistration vision of (Section Corporations		
SUBJECT:		rfield Plant, LLC		
SUBJECT		(Name of Fore	ign Limited Liability	Company)
Dear Sir or	Madam.			
The enclose	d withdra	wal and fee(s) are submitted	l for filing.	
Please retur	n all corre	spondence concerning this	matter to the following	g:
Elizabeth I	Ryder			
		(Name of Person)		-
Nexstar M	edia Grouj	o. Inc.		
		(Firm/Company)		-
545 E Johr	i Carpente	r Freeway, Suite 700		
	-	(Address)		-
Irving, TX	75062			
···		(City/State and Zip Code	:)	_
For further	informatio	on concerning this matter, p	lease call.	
Elizabeth l	Ryder		972 at (373-8800
	(Na	me of Person)	(Area Code &	& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed i	s a check	for the following amount:		
□\$25 Fili	ng Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filling Fee & Certified Copy	\$60 Filing Fee,Certificate of Status &Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FL-Deerfield Plant, LLC					
(Name c	of limited liability company)				-
Delaware					
(Jurise	diction of its organization)				- CD
05/24/2013		· · · · · · · · · · · · · · · · · · ·		707 0	- 10
(Date registered	d with Florida Department of St	ate)		<u> </u>	<u> </u>
M13000003314		- F	າ່ວ	ا ا	
(Flo	orida Document Number)	~	ंड्र ा १५	-	П
This limited liability company is withdr	rawing its certificate of author	rity in this stay	ه <u>'</u> ۔نج ه∹ع	َ بِي	•
Effective Date, if other than the date of	`filino		(öbtice	لي (افا	
(If an effective date is listed, the date m	just be specific and cannot be				
more than 90 days after filing.)		•	·		
Note: If the date inserted in this block of	does not meet the applicable s	tatutory filing	require	ements	•
this date will not be listed as the docum	ient's effective date on the De	partment of S	tate's re	ecords.	
Junton	Ω~				
(Signatu	re of authorized representative	e)			
Elizabeth Ryder					
(Туре	ed or printed name of signee)				

Filing Fee: \$25.00