

MIS060003293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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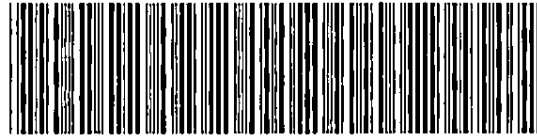
(Business Entity Name)

(Document Number)

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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/29/18 DS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 504659 4321805

AUTHORIZATION :

[Signature]

COST LIMIT : \$25.00

ORDER DATE : November 27, 2018

ORDER TIME : 3:53 PM

ORDER NO. : 504659-005

CUSTOMER NO: 4321805

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FOREIGN FILINGS

NAME: LOS ANGELES TIMES NETWORK, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOS ANGELES TIMES NETWORK, 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:

Julie K. Xanders

(Name of Person)

Tribune Publishing Company

(Firm/Company)

160 N. Stetson Avenue

(Address)

Chicago, IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Tookey, c/o Perkins Coie LLP

(Name of Person)

at (206) 359-8606

(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

200 NOV 28 A 1:48

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LOS ANGELES TIMES NETWORK, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

April 29, 2015

(Date registered with Florida Department of State)


M115000003293

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Julie K. Xanders, Secretary

(Typed or printed name of signer)

2015 NOV 29 A 1:48
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Filing Fee: \$25.00