

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090636

**Entity Name:** NEXSTAR LACROSSE LLC

**Current Principal Place of Business:**

12483 NW10TH PL  
SUNRISE, FL 33323

**Current Mailing Address:**

12483 NW10TH PL  
SUNRISE , FL 33323 US

**FEI Number:** 27-3395905

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCARBURY, JASON LESQ  
2455 E SUNRISE BLVD  
1216  
FORT LAUDERDALE, FL 33304 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                  |                 |                    |
|-----------------|------------------|-----------------|--------------------|
| Title           | MGR              | Title           | TREASURER          |
| Name            | SHANAHAN, DOUG   | Name            | RICHES, BEVERLEY A |
| Address         | 12483 NW10TH PL  | Address         | 12483 NW10TH PL    |
| City-State-Zip: | SUNRISE FL 33323 | City-State-Zip: | SUNRISE FL 33323   |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUG SHANAHAN

**PRESIDENT**

**03/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date