

**L0910000006897**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

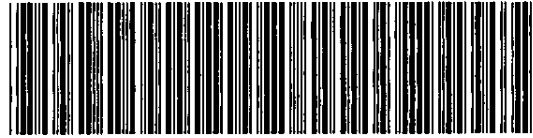
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**FEB 14 2013**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 FEB 13 PM 4:40

**FILED**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ENTITY PROPERTIES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000066897

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:

Charles F. Otto, Esq.

Name of Person

Straley & Otto, P.A.

Name of Firm/Company

2699 Stirling Road, Suite C-207

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

cfo@straleyottopa.com

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

For further information concerning this matter, please call:

Charles F. Otto

Name of Person

at ( 954 ) 962-7367

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

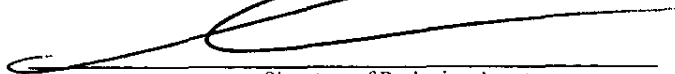
**CHARLES F. OTTO, JR.**, hereby resigns as  
Name of Registered Agent

Registered Agent for **ENTITY PROPERTIES, LLC**  
Name of Limited Liability Company

**L09000066897**  
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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

**CHARLES F. OTTO**  
Typed or Printed Name

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
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  
13 FEB 13 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA