

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **ENTITY PROPERTIES, LLC**

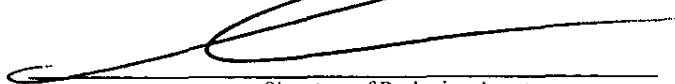
\_\_\_\_\_  
Name of Limited Liability Company

**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 31<sup>st</sup> 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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