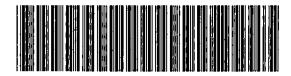
J92835

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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MAR 23 2016 T. LEMIEUX



* TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Young & Brooks P. A. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ellist Brooks (Name of Person)
Young + Brooks P.A.
1810 FOREST Hill Blue # 201 (Address)
West Palm Beach F1 33406 (City/State and Zip Code)
For further information concerning this matter, please call:
Ellet Brooks at (561) 346-1376 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2017

ELLIOT BROOKS 1560 FOREST HILL BLVD #201 W PALM BEACH, FL 33406

SUBJECT: YOUNG & BROOKS, P.A.

Ref. Number: J92835

We have received your document for YOUNG & BROOKS, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is not a LLC the document you sent in is not correct.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 317A00003972

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Elliot BROOKS	, hereby resign as_	TREASUREY
	•		(Title)
of	Young Brooks (Name of C	P.A.	,
	`	•	tough a tours of the Casta of
	(Document Number, if known)	corporation organized und	er the laws of the State of
	Florida		
		Mal	FS E
	(Signa	ature of resigning officer/director	OI)
			88 P
			Right D
			FIG. ST.
			82 T

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314