

PO1000086884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 26 2013

EXAMINER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BROOKS INSURANCE, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P01000086884

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AlexAnthony

(Name of Person)

(Name of Firm/Company)

P.O Box 52-3498

(Address)

Miami, FL 33152

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Anthony

(Name of Person)

at ( 305 ) 407-7510

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

13 SEP 20 PM 12:38


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ALEX ANTHONY, hereby resign as PT  
(Title)

of BROOKS INSURANCE, INC.  
(Name of Corporation)

P01000086884, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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

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