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COVER LETTER

Partnership Solutions Advisors Foundation, Inc. (Name of Corporation) N09000012151 **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: Kimberly S. Sullivan (Name of Person) Partnership Solutions Advisors Foundation, Inc. (Name of Firm/Company) 686 Hermitage Circle (Address) Palm Beach Gardens, Florida 33410 (City/State and Zip Code) For further information concerning this matter, please call: Kimberly S. Sullivan (Area Code & Daytime Telephone Number) (Name of Person)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

(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