

P030000121795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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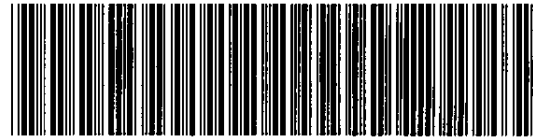
(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Roberts JUL 09 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SolutionPartners Psychotherapeutic, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000121795

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

Please return all correspondence concerning this matter to the following:

Adam Litwin

(Name of Person)

(Name of Firm/Company)

3917 Mediterranean Street

(Address)

Rockwall, TX 75087

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Litwin

(Name of Person)

at (214) 478-4986

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
10 JUL -6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Susan Clerici, hereby resign as Director and President
(Title)

of SolutionPartners Psychotherapeutic, Inc.
(Name of Corporation)

P03000121795, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Susan M Clerici
(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