

PO60000044675

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

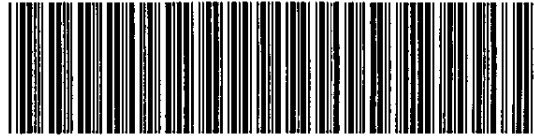
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12 NOV 19 AM 8:02

OD / RES  
@ 11/21/12

1/31/2012

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Collaborative Solutions by Dr Nikki Keefer & Assoc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000044075

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

Please return all correspondence concerning this matter to the following:

Dr. Nikki Keefer  
(Name of Person)

Collaborative Solutions  
(Name of Firm/Company)

4541 Alrix Dr.  
(Address)

Orlando, FL 32839  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Nikki Keefer at (407) 489-2121  
(Name of Person) (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**

12 NOV 19 AM 8:02

I, Claire A. Rich, hereby resign as Vice President  
(Title)

of Collaborative Solutions by Dr. Nikki Keefer & Assoc<sup>ates</sup>, Inc.  
(Name of Corporation)

P06000044675, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

 7/31/2012  
(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