

P100000061884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

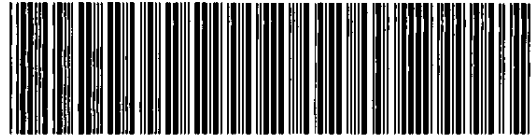
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

711-11-11

COVER LETTER

RECEIVED FEB 22 2011

TO: Amendment Section
Division of Corporations

SUBJECT: THERAPY SOLVERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000061884

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

Please return all correspondence concerning this matter to the following:

JULIA L. WHITE
(Name of Person)

THERAPY SOLVERS, INC.
(Name of Firm/Company)

5901 US HWY 1A SUITE 7A
(Address)

NEW PORT RICHEY, FL 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIA L. WHITE at (727) 504-2738
(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
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**

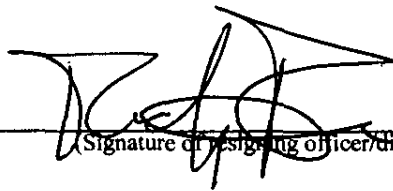
RECEIVED FEB 22 2011

I, ROD RENNA, hereby resign as DIRECTOR
(Title)

of THERAPY SOLVERS, INC.
(Name of Corporation)

P10000061884, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
11 APR - 8 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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