

# A14000000055

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

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*LP dissociation of MO*

FEB 08 2016

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Brambra 10, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000055

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Aisha McKnight

Contact Person

Aspire Health, LLC

Firm/Company

1485 Livingston Lane

Address

Jackson, MS 39213

City, State and Zip Code

amcknight@aspirehealthco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Rooney

Name of Contact Person

at ( 601 ) 407-7981

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2015

AISHA MCKNIGHT  
ASPIRE HEALTH, LLC  
1485 LIVINGSTON LANE  
JACKSON, MS 39213

SUBJECT: BAMBRAL10, L.P.  
Ref. Number: A14000000055

We have received your document for BAMBRAL10, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 615A00026953

RECEIVED

16 FEB -4 PM 2:35

**STATEMENT OF DISSOCIATION  
FOR  
GENERAL PARTNER  
OF  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

Bambra 10, L.P.

2. The name of the dissociating general partner is:

Robert A. Durham



Signature of Dissociating General Partner

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50

FILED  
16 FEB - 3 PM 2009  
STATE OF FLORIDA  
TALLAHASSEE