A1400000055

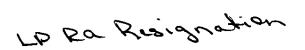
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: BAHBRA (Name of Florida Limited P	artnership	L. P. or Limited Liability Limited Partnership)	
DOCU	UMENT NUMBER:	4-00	0000055	
The er	nclosed Statement of Dissocia	ation and	fee(s) are submitted for filing.	
Please	return all correspondence co	ncerning	this matter to:	
	Aista McKnigh (Contact Person (Firm/Compa 485 Living Ston (Address) Jackson MS 39 (City, State and Z	ny)		
For further information concerning this matter, please call:				
	(Name of Contact Person)		at ((Area Code and Daytime Telephone Number)	
	\$52.50 Filing Fee		\$105.00 Filing Fee and Certified Copy.	
Regist Divisi Clifto 2661 l	cet address: tration Section on of Corporations n Building Executive Center Circle hassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

CR2E118 (01/06)



December 28, 2015

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

SUBJECT: BAMBRAL10, L.P. Ref. Number: A1400000055

We have received your document for BAMBRAL10, L.P. and your check(s) totaling \$87.50. 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: 015A00026954

RESIGNATION OF REGISTERED AGENT ' 'FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provision	ons of section 620.1116, Florid	a Statutes, the undersigned,
Robert	A. Durham	hereby resigns as
N	ame of Registered Agent	
Registered Agent for	Pombral 10 Name of Limited Partnership or	Limited Liability Limited Partnership
A140000	00055	
Florida Document N		
The agent is terminate the Florida Departme		ate on which this statement is filed by
_	Signature of Regist	ered Agent
If signing on behalf o	f an entity:	
	Typed or Printe	d Name
	Capacity	
		For on the control of
Filing Fee: Certified Copy (opt	\$87.50 ional): \$52.50	