

A 1 4 0000000 55

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

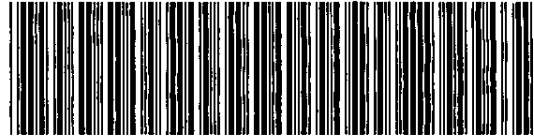
(Business Entity Name)

(Document Number)

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LP RA Resignation

FEB 08 2016

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAMBALDO, L.P.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A14000000035

The enclosed Statement of Dissociation 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)

For further information concerning this matter, please call:

John Roeray at ( 601 ) 707-7981  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

\$52.50 Filing Fee  \$105.00 Filing Fee and Certified Copy

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
16 FEB 14 PM 2:02  
TALLAHASSEE, FL



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 \$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

RECEIVED

16 FEB -4 PM 2:35



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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Robert A. Durham, hereby resigns as  
Name of Registered Agent

Registered Agent for Bambra 10, L.P.,  
Name of Limited Partnership or Limited Liability Limited Partnership

A14000000055  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

Filing Fee: \$87.50  
Certified Copy (optional): \$52.50

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16 FEB -4 PM 2:23  
STATE OF FLORIDA  
TALLAHASSEE