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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BAMBRAL D. L. P. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
DOCUMENT NUMBER: 4 14 00000055	
The enclosed Statement of Dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Aisha Mcknight	
Asha Mckright (Comact Person) Aspire Health LLC (Firm/Company)	1
1767 CIVINGSTON CUITE	
(Address) Jackson, MS 39213 (City, State and Zip Code)	mer:
For further information concerning this matter, please call:	
(Name of Contact Person) at (601) 982-2248 (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 P. O. Box 6327 266 Executive Center Circle Tallahassee, FL 32314 CR2EL18 (01/06)	



February 8, 2016

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 \$2.50. However, the document has not been filed and is being retained in this office for the following:

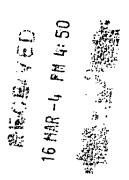
There was only \$2.50 left over from all the other filings that you submitted. We will need an additional \$50.00 to file this dissociation.

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: 416A00002657



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 Limit	ed Partnership o	or Limited Liability Limited Partnership is:		
BAMBR.	AL10, LP.		<u> </u>	
2. The name of the di	ssociating gener	ral partner is:		
COM	elle elle	Chris Marriwether	<u> </u>	
•			16 }	
Signature of Discosion	ina Canaral Bar		MER.	Francisco Speciments
Signature of Dissociat	ing General Par	iner i i i i	₽ PH	1
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Filing Fee:	\$52.50	en e	ŧ-	

Certified Copy (optional): \$52.50