

A14000000067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

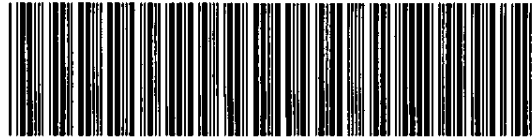
(Business Entity Name)

(Document Number)

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FILED
16 FEB -4 PM 2016
TALLAHASSEE, FL

LP Ra Resignation

FEB 08 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: A14000000067

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 Rocray at (601) 407-7981
Name of Contact Person 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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2015

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

SUBJECT: BAMBRAL20, L.P.
Ref. Number: A14000000067

We have received your document for BAMBRAL20, 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: 415A00026953

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 BAMBRALZO, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

A14000000067
Florida Document Number, if known

The agent is terminated on the 31st 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

FILED
16 FEB -4 PM 2:29
TALLAHASSEE, FLORIDA