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Ra Rosignation

COVER LETTER

SUBJECT: WHIG Enterprises LLC Name of Limited Liability Company	
DOCUMENT NUMBER: <u>130∞ 67622</u>	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sfor filing.	submitted
Please return all correspondence concerning this matter to the following:	
Aisha McKnight Name of Person	
Aspire Health LLC Name of Firm/Company	
1485 Livingston Lone	
Tackson, Ms 39213 City/State and Zip Code	<u></u> ന
E-mail address to be used for future annual report notification) For further information concerning this matter, places call:	B -4 F
For further information concerning this matter, please call: The Rocca at (60) 407-798 Name of Person Area Code Daytime Telephone Number	21 2: 30 PH 2: 30

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

TO:

Registration Section Division of Corporations



December 28, 2015

Committee to the

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

SUBJECT: WHIG ENTERPRISES, LLC

Ref. Number: L13000067622

We have received your document for WHIG ENTERPRISES, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

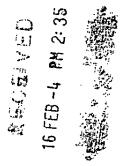
You have completed the wrong application. Please complete the attached.

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: 615A00026950



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, t	he undersigned,	
Robert A. Durham		, hereby resigns	as
Name of Registered Ag	gent		
Registered Agent for WHIG Em	terprises, LI		
Name of Li	imited Liability Company		,
1.12.000 = 4.50.00			
Document Number, if known			
A copy of this resignation was mailed to the	above listed limited l	liability company at its	last known address.
The agency is terminated and the office disc	continued on the 31st	day after the date on wh	nich this statement is filed.
	Signature of Resigning	g Agent	
If signing on behalf of an entity:			
			₩ ₀ ±
	Typed or Printed Name		5
<u>-</u>	Capacity		1
EU INC	G FEES:		0 13
\$ 85.00 \$ 25.00	Active limited lia Administratively	ibility company dissolved/ voluntarily ed liability company	dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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