

P 13000033847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

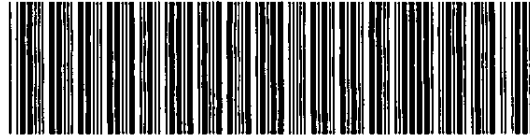
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

010 Resignation

DEC 11 2015

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BAMBR DESTIN INC**
(Name of Corporation)

DOCUMENT NUMBER: **P13000033847**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aisha McKnight
(Name of Person)

Aspire Health, LLC
(Name of Firm/Company)

1485 Livingston Lane
(Address)

Jackson, MS 39213
(City/State and Zip Code)

For further information concerning this matter, please call:

Aisha McKnight at **(601) 326-7375**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert A. Durham, hereby resign as P, T
(Title)

of BAMBR DESTIN INC
(Name of Corporation)

P13000033847, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Robert A. Durham
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA