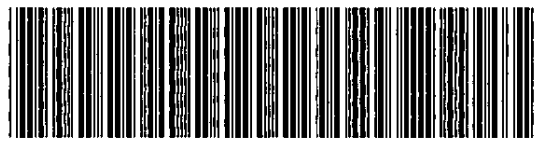


LS 0900007995



800160450828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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G. MCLEOD

SEP 15 2009

EXAMINER

09/14/09--01008--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 SEP 14 PM 3:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST CARE 4 YOU
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PABLO PEREZ
(Contact Person)

NATURAL 4 U.
(Firm/Company)

P.O. BOX 2178
(Address)

WINDERMERE FL. 34786
(City/State and Zip Code)

For further information concerning this matter, please call:

PABLO PEREZ 407 929-0770
JANESSA RAMOS at (813) 957-5406
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

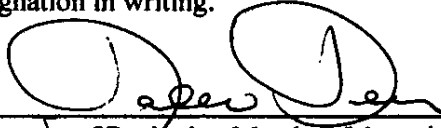
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BEST CARE 4 YOU LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
Doc# L09000007995 EIN # 26-3996269

4. I, PABLO PEREZ ON BEHALF OF NATURAL 4 YOU, INC, hereby resign as a DIRECTOR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 PRESIDENT OF NATURAL 4 YOU, INC.
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 14 PM 3:07