

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088064

**Entity Name:** BETTER HEALTH 4 U LLC

**Current Principal Place of Business:**

61 VARNUM ST  
ARLINGTON, MA 02474

**Current Mailing Address:**

P O BOX 2188  
JACKSONVILLE, FL 32203 US

**FEI Number:** 27-3294590

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KING, VANESSA P  
12312 DEWHURST CIR  
JACKSONVILLE, FL 32218 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name DUBLIN, ANGELE F  
Address P O BOX 2188  
City-State-Zip: JACKSONVILLE FL 32203

Title CEO  
Name KING, VANESSA P  
Address P O BOX 2188  
City-State-Zip: JACKSONVILLE FL 32203

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VANESSA P KING

CEO

03/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date