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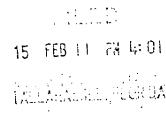
R. WHILE

COVER LETTER

_	stration Section sion of Corporations		
5141,	sion of corporations		
SUBJECT:	Naturally 4 You, LLC		
	(Name of	Limited Liability Con	npany)
The enclosed	d member, resignation or diss	sociation and fee(s)) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
Rachel Hal	II		
	(Contact Person)		-
Naturally 4	You, LLC		
	(Firm/Company)		<u>-</u>
2051 Tourr	nament Drive		
	(Address)		-
Apopka, Fl	_ 32712		
	(City/State and Zip Code)		-
For further in	nformation concerning this n	natter, please call:	
Rachel Hal	I	321	246-4043
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payab g Fee		epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
Division of Clifton Build	•		Division of Corporations P.O. Box 6327
	ing ive Center Circle		Tallahassee, Florida 32314
	Florida 32301		rananassee, monua 32314

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department arally 4 You, LLC
2. The Florida doc L140000572	ument/registration number assigned to this limited liability company is:
4. I, Adrienne Wi	mber/manager withdrew/resigned or will withdraw/resign is: January 1, 201!
AMBR	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)