P12000085442

(Re	questor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
(Bu	siness Entity Nan	ne)						
(Document Number)								
Certified Copies	Certificates	of Status						
Special Instructions to Filing Officer:								
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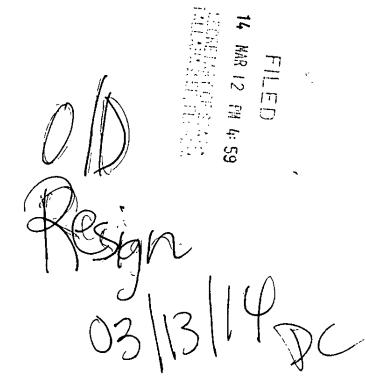
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03/12/14--01021--004 **10.00

02/24/14--01027--001 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2014

MIKE LEE THE JUNGLE MMA & FITNESS 1419 EAST COLONIAL DR. ORLANDO, FL 32803

SUBJECT: MONKEY BUSINESS LMS INC.

Ref. Number: P12000085442

We have received your document for MONKEY BUSINESS LMS INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell Regulatory Specialist II

Letter Number: 614A00004342

TRANSMITTAL LETTER

SUBJECT: Mankey Business LMS INC. " (Name of Corporation)
DOCUMENT NUMBER: PIZUCIOSS442
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
Munkey Business LMS /NC. (Name of Firm/Company)
4043 Vest 15t Street (Address)
Sanford Fl 32771 (City/State and Zip Code)
For further information concerning this matter, please call:
Mame of Person) at (407) 601-5425 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Laura	Puleo		hereby resign as_	P			
7 —					(Γitle)		
of_	Monkey	Busine	Name of Corporation	S INC				,
P.	Document N	85442 umber, if known)	, a corpora	ation organized unc	ler the laws of th	ne State	of	
	Florida							
		_&o	(Signature of re	esigning officer/director) or)		14 MAR 12	
			FILING FE	EE IS \$35.00		119 22 23	PH 4: 59	

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

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