

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138348

**Entity Name:** MONKEEVINZ, LLC

**Current Principal Place of Business:**

2509 BARRINGTON CIRCLE  
SUITE 104  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2509 BARRINGTON CIRCLE  
SUITE 104  
TALLAHASSEE, FL 32308 US

**FEI Number:** 45-3999005

**Certificate of Status Desired:** No

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

FRANCE, BELINDA TESQ.  
2073 SUMMIT LAKE DRIVE  
SUITE 154  
TALLAHASSEE, FL 32317 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 PS  
Name MAZERAC, KIM  
Address 3539 APALACHEE PARKWAY, #190  
City-State-Zip: TALLAHASSEE FL 32311

Title VPT  
Name OWEN, TERESSA C  
Address 3539 APALACHEE PARKWAY, #190  
City-State-Zip: TALLAHASSEE FL 32311

*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:** TERESSA C. OWEN

**CHIEF EXECUTIVE  
OFFICER**

**02/26/2014**

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

\_\_\_\_\_  
Date