

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117134

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** FLEGEL FAMILY ENTERPRISES, LLC

**Current Principal Place of Business:**

4951 GULF SHORE BLVD NORTH  
PENTHOUSE 201  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4951 GULF SHORE BLVD NORTH  
PENTHOUSE 201  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 20-8498518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLEGEL, S LESLIE  
4951 GULF SHORE BLVD NORTH  
PENTHOUSE 201  
NAPLES, FL 34103 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLEGEL, S LESLIE  
Address: 4951 GULF SHORE BLVD NORTH  
City-St-Zip: NAPLES, FL 34103

Title: MGR  
Name: FLEGEL, JASON S  
Address: 509 TURTLE HATCH LANE  
City-St-Zip: NAPLES, FL 34103

Title: MGR  
Name: FLEGEL, MARK W  
Address: 7901 CORNELL AVE  
City-St-Zip: ST. LOUIS, MO 63130

Title: MGR  
Name: SAGEL, LAUREN  
Address: 260 FIFTH AVE, APT 7NS  
City-St-Zip: NEW YORK, NY 10001

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: S LESLIE FLEGEL

MGRM

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date