

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117134

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

**Current Principal Place of Business:**

2307 TRADITION WAY  
#101  
NAPLES, FL 34105

**Current Mailing Address:**

2307 TRADITION WAY  
#101  
NAPLES, FL 34105 US

**FEI Number:** 20-8498518

**Certificate of Status Desired:** No

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

FLEGEL, S LESLIE  
2307 TRADITION WAY  
#101  
NAPLES, FL 34105 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 MGRM  
Name FLEGEL, S LESLIE  
Address 4951 GULF SHORE BLVD NORTH  
City-State-Zip: NAPLES FL 34103

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

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

Title MGR  
Name SAGEL, LAUREN  
Address 51 PORTLAND PLACE  
City-State-Zip: ST. LOUIS MO 63108

*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:** S LESLIE FLEGEL

**MGRM**

**01/22/2014**

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

\_\_\_\_\_  
Date