

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117134

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

**Current Principal Place of Business:**

9625 BLACKWOOD CIRCLE  
#203  
FORT MYERS, FL 33967

**Current Mailing Address:**

P. O. BOX 368049  
BONITA SPRINGS, FL 34136 US

**FEI Number:** 20-8498518

**Certificate of Status Desired:** No

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

FLEGEL, S LESLIE  
9625 BLACKWOOD CIRCLE  
#203  
FORT MYERS, FL 33967 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 701 S. HANLEY  
10 B  
City-State-Zip: CLEYTON MO 63105

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

Title MGR  
Name FLEGEL, MARK W  
Address 9625 BLACKWOOD CIRCLE  
#203  
City-State-Zip: FORT MYERS FL 33967

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:** MARK W. FLEGEL

MGR

03/07/2024

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

\_\_\_\_\_  
Date