

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000108550

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4951 GULF SHORE BLVD. NORTH, #201  
NAPLES, FL 34103

**New Principal Place of Business:**

4951 GULF SHORE BLVD. NORTH, PH #201  
NAPLES, FL 34103

**Current Mailing Address:**

4951 GULF SHORE BLVD. NORTH, #201  
NAPLES, FL 34103

**New Mailing Address:**

4951 GULF SHORE BLVD. NORTH, PH #201  
NAPLES, FL 34103

**FEI Number:** 27-4036100

**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, #201  
NAPLES, FL 34103 US

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

FLEGEL, S. LESLIE  
4951 GULF SHORE BLVD. NORTH, PH #201  
NAPLES, FL 34103 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: S LESLIE FLEGEL

01/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLEGEL, S. LESLIE  
Address: 4951 GULF SHORE BLVD. NORTH, PH #201  
City-St-Zip: NAPLES, FL 34103

Title: MGR  
Name: FLEGEL, JASON  
Address: 509 TURTLE HATCH LN  
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 AVENUE, 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