

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000146716

**Entity Name:** EAGLE PARTICIPATION LLC

**Current Principal Place of Business:**

5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819 US

**FEI Number:** 30-1092135

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819 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 AMBR  
Name MARTINS CUENCAS, GUSTAVO  
Address RUA ELEONORA CINTRA 1000 APT 81  
City-State-Zip: TATUAPE SP 03337--000

Title AMBR  
Name MARTINS CUENCAS, THIAGO  
Address RUA ELEONORA CINTRA 1000 APT 81  
City-State-Zip: TATUAPE SP 03337--000

Title AMBR  
Name MARTINS CUENCAS, ROSMARI  
Address RUA ELEONORA CINTRA 1000 APT 81  
City-State-Zip: TATUAPE SP 03337--000

Title AMBR  
Name CUENCAS, WILSON  
Address RUA ELEONORA CINTRA 1000 APT 81  
City-State-Zip: TATUAPE SP 03337--000

*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:** MARTINS CUENCAS , GUSTAVO

AMBR

03/21/2019

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

\_\_\_\_\_  
Date