

**2022 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, ROSMARI
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	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:** WILSON CUENCAS

AMBR

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date