

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000191323

**Entity Name:** ONYX EAGLE LLC

**Current Principal Place of Business:**

470 CITI CENTRE ST  
#1104  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

470 CITI CENTRE ST  
#1104  
WINTER HAVEN, FL 33880

**FEI Number:** 88-2254256

**Certificate of Status Desired:** No

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

ALBERT, DANIEL  
1052 MATTIE POINTE WAY  
AUBURNDALE, FL 33823 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           MANAGER  
Name            ONYX EAGLE LLC  
Address         470 CITI CENTRE ST  
                  #1104  
City-State-Zip: WINTER HAVEN FL 33880

*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:** ALBERT, DANIEL

**MANAGER**

**05/04/2023**

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

\_\_\_\_\_  
Date