

L21000 173545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

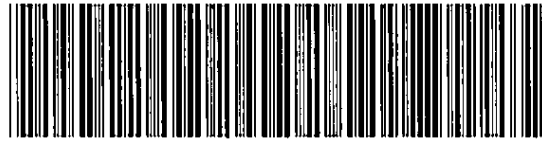
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200393353342

**FILED**  
2022 OCT -6 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid 25.00

Authorization Signature

Five Eagles Group LLC L21000173545

Business Name

Document #

Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy (s) of Articles of Organization

\_\_\_ Certificate of Status

#### NEW FILINGS

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**  
\_\_\_ LLLP

#### AMMENDMENTS

\_\_\_ Amendment  
\_\_\_ **X** Resignation of R.A. or Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Merger  
\_\_\_ **Conversion**  
\_\_\_ Articles of Conversion  
\_\_\_ Resignation

#### OTHER FILINGS

\_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ ARTICLES OF CORRECTION

#### REGISTRATION/QUALIFICATIONS

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement

\_\_\_ APOSTIL () \_\_\_ Other  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FIVE EAGLES GROUP LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MATHEUS A BRITTO DA COSTA  
\_\_\_\_\_  
(Contact Person)

FIVE EAGLES GROUP LLC  
\_\_\_\_\_  
(Firm/Company)

12903 TANGERINE BLVD  
\_\_\_\_\_  
(Address)

WEST PALM BEACH, FL 33412  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MATHEUS A BRITTO DA COSTA      561      526-3728  
\_\_\_\_\_  
(Name of Contact Person)      at (      )      (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee      ☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 OCT -6 PM 3:51



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA Division of Corporations

October 6, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: FIVE EAGLES GROUP, LLC  
Ref. Number: L21000173545

We have received your document for FIVE EAGLES GROUP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

No Signature.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 422A00022329

**FILED****2022 OCT -6 AM 10:43****SECRETARY OF STATE  
TALLAHASSEE, FL****CS CamScanner****FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY****(Pursuant to 605.0216, Florida Statutes)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FIVE EAGLES GROUP LLC

2. The Florida document/registration number assigned to this limited liability company is: L21000173545

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/07/2022

4. I, PEDRO H BRETAS, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

MANAGER/MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)