

L21000173545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

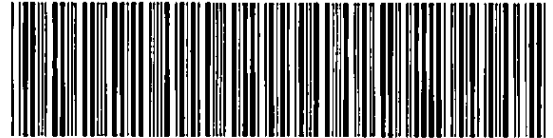
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000395488620

RECEIVED

2022 OCT -5 PM 3:18

TALLAHASSEE, FLORIDA

FILED

2022 OCT 11 AM 8:26

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 1.21000173545

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

___ APOSTIL () ___
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

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

(Name of Contact Person)

at (561)

526-3728

(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



FLORIDA DEPARTMENT OF STATE
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: 922A00022329

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2022 OCT 11 PM 3:50

FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2022 OCT 11 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FL

**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, JOSE R UMBRIA NETO, 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.

A handwritten signature in black ink, appearing to read "JOSE R UMBRIA NETO", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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