

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000003284

**Entity Name:** ECLIPSE ADVANTAGE, LLC

**Current Principal Place of Business:**

6905 N. WICKHAM ROAD  
SUITE 405  
MELBOURNE, FL 32940

**Current Mailing Address:**

6905 N. WICKHAM ROAD  
SUITE 405  
MELBOURNE, FL 32940 US

**FEI Number:** 90-0855928

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name LASALLE CAPITAL GROUP II-A, L.P.  
Address 70 W. MADISON STREET  
SUITE 5710  
City-State-Zip: CHICAGO IL 60602

Title MEMBER  
Name MARQUETTE CAPITAL FUND II, LP  
Address 60 SOUTH SIXTH ST.  
SUITE 3510  
City-State-Zip: MINNEAPOLIS MN 55402

Title MEMBER  
Name STEVEN W. PARKS REVOCABLE  
TRUST  
Address 1178 MORGAN STREET  
City-State-Zip: NORTHBROOK IL 60062

*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:** LASALLE CAPITAL GROUP II-A, L.P.

MEMBER

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date