

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000002372

**Entity Name:** HUDSON ADVISORS GENPAR LLC

**Current Principal Place of Business:**

6688 NORTH CENTRAL EXPRESSWAY  
SUITE 1400  
DALLAS, TX 75206

**Current Mailing Address:**

6688 NORTH CENTRAL EXPRESSWAY  
SUITE 1400  
DALLAS, TX 75206 US

**FEI Number:** 75-2613366

**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	MANAGER	Title	MANAGER
Name	YORK, SARAH E.	Name	CASON, JODI L.
Address	6688 NORTH CENTRAL EXPRESSWAY SUITE 1400	Address	6688 NORTH CENTRAL EXPRESSWAY SUITE 1400
City-State-Zip:	DALLAS TX 75206	City-State-Zip:	DALLAS TX 75206
Title	MANAGER	Title	MANAGER
Name	GASCH, LANCE	Name	BEEVERS, NICHOLAS D.H.
Address	6688 NORTH CENTRAL EXPRESSWAY SUITE 1400	Address	6688 NORTH CENTRAL EXPRESSWAY SUITE 1400
City-State-Zip:	DALLAS TX 75206	City-State-Zip:	DALLAS TX 75206
Title	MANAGER	Title	ASSISTANT SECRETARY
Name	YOUNG, WILLIAM D.	Name	PARKS, DARCY B.
Address	6688 NORTH CENTRAL EXPRESSWAY SUITE 1400	Address	6688 NORTH CENTRAL EXPRESSWAY SUITE 1400
City-State-Zip:	DALLAS TX 75206	City-State-Zip:	DALLAS TX 75206

*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:** DARCY B. PARKS

**ASSISTANT SECRETARY** 04/01/2024

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

\_\_\_\_\_  
Date