

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000048407

**Entity Name:** HPT ECLIPSE WEST GP, LLC

**Current Principal Place of Business:**

C/O HOUSING PRESERVATION TRUST  
4020 PHILMONT DRIVE  
MARIETTA, GA 30066

**Current Mailing Address:**

C/O HOUSING PRESERVATION TRUST  
4020 PHILMONT DRIVE  
MARIETTA, GA 30066 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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:** KYLE GRANT

06/10/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name STOREY, STAR  
Address C/O HOUSING PRESERVATION  
TRUST  
4020 PHILMONT DRIVE  
City-State-Zip: MARIETTA GA 30066

*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:** STAR STOREY

ADMINISTRATOR

06/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date