

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000048407

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

**Current Principal Place of Business:**

3470 HENDERSON DR  
3470  
MALABAR, FL 32950-4152

**Current Mailing Address:**

3470 HENDERSON DR  
MALABAR, FL 32950-4152 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

02/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name BRADVAREVIC, MICHELE  
Address C/O HOUSING PRESERVATION  
TRUST  
3470 HENDERSON DR  
City-State-Zip: MALABAR FL 32950

*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:** MICHELE BRADVAREVIC

**DIRECTOR**

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date