

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000048407

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

**Current Principal Place of Business:**

C/O HOUSING RESOURCE CENTER  
2970 PEACHTREE STREET SUITE 815  
ATLANTA, GA 30309

**Current Mailing Address:**

C/O HOUSING RESOURCE CENTER  
P.O. BOX 53274  
ATLANTA, GA 30305 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

02/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name HOUSING PRESERVATION TRUST,  
INC.  
Address C/O HOUSING RESOURCE CENTER  
P.O. BOX 53274  
City-State-Zip: ATLANTA GA 30305

*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

DIRECTOR

02/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date