

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000325952

**Entity Name:** ECLIPSE BHW, LLC

**Current Principal Place of Business:**

16703 EARLY RISER AVE  
STE 524  
LAND O LAKES, FL 34638

**Current Mailing Address:**

16703 EARLY RISER AVE  
STE 524  
LAND O LAKES, FL 34638 US

**FEI Number:** 33-1452340

**Certificate of Status Desired:** No

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

ECLIPSE ACCOUNTING AND TAX  
16703 EARLY RISER AVE  
STE 524  
LAND O LAKES, FL 34638 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 MGR  
Name SHANNON SHERIDAN, EA, LLC  
Address 16703 EARLY RISER AVE STE 524  
City-State-Zip: LAND O LAKES FL 34638

*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:** SHANNON SHERIDAN

**PRESIDENT**

**03/06/2025**

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

\_\_\_\_\_  
Date