2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000207058

Entity Name: GREENEWAY PARK HOTEL, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD STE 200

ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD STE 200 ORLANDO. FL 32827 US

FEI Number: 30-1006115 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC 1200 SOUTH PINE ISLAND RD 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

FILED Feb 13, 2020

Secretary of State

4697390659CC

Authorized Person(s) Detail:

Title P Title VP/S

Name ZBORIL, JAMES L Name RENCORET, MICHELLE R

Address 6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP Title VP

Name THAKKAR, RASESH Name BEUCHER, NICHOLAS F III

Address 6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP/T Title VP

Name WEAVER, BENJAMIN A Name IRELAND, RALPH H

Address 6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE

200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP

Name SCHMITT, TODD

200

Address 6900 TAVISTOCK LAKES BLVD STE

200

City-State-Zip: ORLANDO FL 32827

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: JAMES L. ZBORIL PRESIDENT 02/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date