2024 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

FILED Mar 20, 2024

Secretary of State

5115564985CC

Date

Date

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

Authorized Person(s) Detail:

Title VP/S Title VΡ

RENCORET, MICHELLE R THAKKAR, RASESH Name Name

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

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

Title Title

Name BEUCHER, NICHOLAS F III Name WEAVER, BENJAMIN A

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

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

Title Р Title VΡ

Name COLLIN, T CRAIG Name GANDOLFO, CHRISTOPHER

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

200

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

Title **VPT**

BYRNES, DANIEL R Name

200

Address 6900 TAVISTOCK LAKES BLVD STE

ORLANDO FL 32827 City-State-Zip:

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.

03/20/2024 SIGNATURE: BENJAMIN A. WEAVER VICE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail