# U16 0000 44677

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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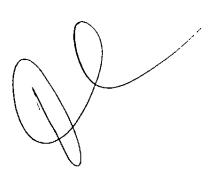




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# **COVER LETTER**

то:	TO: Registration Section Division of Corporations					
SUBJI	сст: G	reenway Loan Manager (Name of Limited	ment, LLC I Liability Company)	_		
		solution and fee(s) are submitte nce concerning this matter to th	·			
Christopher Allen, CFO						
(Name of Person)						
Greenway Automotive Management, LLC						
(Firm/Company)				,		
520 N Semoran Blvd, Suite 100						
		(A	ddress)			
		Orlando, FL 32	817			
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Christopher Koenig, General Counsel at ( 407 ) 203-0119 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
		Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	Greenway Loan Manageme	ent, LLC	·	
2.	The Articles of Organization were filed on _	March 4, 2016 and a	ssigned	
	document numberL1600004	4677		
3.	The delayed effective date the dissolution if (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the Delayer of	to or more than 90 days later than date documen meet the applicable statutory filing requirer	t is received for filing) nents, this date will not	be
4.	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 o	he limited liability company's dissolution back cover letter).	n pursuant to section	l
	The company opted for voluntary dis-	solution due to the conclusion of it	ု ယ	tions
			DEC	 :
			-: 2	
			<u></u>	•
5.	If there are no members, enter the name and activities and affairs:	address of the person appointed to wind	ري ا	
			<del></del>	
6. at	Signature of an authorized person or if there pove to wind up the company's activities and	are no members, the signature of the peaffairs:	rson appointed and li	sted
	( LAFM	Christopher Allen,	CFO	
	Signature	Printed Name		

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: GREENVAY LOAN MANAGEMENT, LLC
Document number of Limited Liability Company is: L16000044677
Date of dissolution was: Date of Filing per the Articles of Dissolution
Description of information that must be included in a written claim:
The identity of the claimant and the detailed description of the claims, including the time
The identity of the claimant and the detailed description of the claims, including the time
CHU: 50
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
520 N Semoran Blvd, Suite 100
Orlando, FL 32817
Attn: Christopher Allen, CFO
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Christopher Allen, CFO
Printed Name of the Person Filing  Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00