

L16 000115393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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12/21/23--01029--004 **25.00

2023 DEC 21 10:11:30

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greenway Norristown Well Loan Management, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Allen, CFO

(Name of Person)

Greenway Automotive Management, LLC

(Firm/Company)

520 N Semoran Blvd, Suite 100

(Address)

Orlando, FL 32817

(City/State and Zip Code)

2023 DEC 21 PM 11:30

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:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Norristown Well Loan Management, LLC

2. The Articles of Organization were filed on June 16, 2016 and assigned

document number L16000115393

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

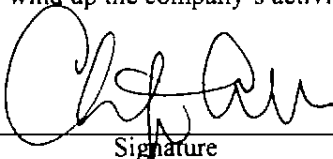
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The company opted for voluntary dissolution due to the conclusion of its business operations

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Christopher Allen, CFO

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: GREENWAY NORRISTOWN WELL LOAN MANAGEMENT, LLC

Document number of Limited Liability Company is: L16000115393

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
place, related personnel and any and all other relevant information.

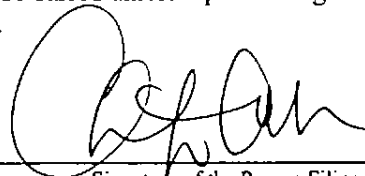
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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

2023 DEC 21 AM 11:30