16000122889

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

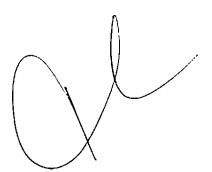




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12/21/23--01029--006 **25.00

2023 DEC 21 1110: 37



COVER LETTER

TO:	Registration Section Division of Corporations			
		e Sun Loan Management, LLC mited Liability Company)		
	closed Articles of Dissolution and fee(s) are sub- return all correspondence concerning this matter	-		
	Christopher	Allen, CFO Name of Person)		
Croonway Automative Management 11 C				
(Firm/Company)				
	520 N Semoran Blvd, Suite 100			
(Address)				
Orlando, FL 32817 (City/State and Zip Code)				
For fur	ther information concerning this matter, please o	tall:		
	Christopher Koenig, General Co (Name of Person)	unsel at (407) 203-0119 (Area Code & Daytime Telephone Number)		
	d is a check for the following amount: S2 S25.00 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 Jacksonville Sun Loan Management, LLC	
2.	The Articles of Organization were filed on June 30, 2016 and assigned	
	document numberL16000122889	
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 listed as the document's effective date on the Department of State's records.	be
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).	1
	The company opted for voluntary dissolution due to the conclusion of its business opera	tions
	21	
		<u>:</u>
		5 ب
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listove to wind up the company's activities and affairs:	sted
	Christopher Allen, CFO	
	Signature Printed Name	
	l	

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	JACKSONVILLE SUN LOAN MANAGEMENT, LLC
Document number of Limited Liability Company is:	L16000122889
Date of dissolution was: <u>Date of Filing per the Ar</u>	dicles of Dissolution
Description of information that must be included in a wr	itten claim:
The identity of the claimant and the detailed	d description of the claims, including the time
place, related personnel and any and all oth	ner relavant information.
	F.: 10: 37
	<u>. </u>
Mailing address where claims can be sent: (Claims cann 520 N Semoran Blvd, Suite 100	
Orlando, FL 32817	<u> </u>
Attn: Christopher Allen, CFO	
A claim against the above named limited liability compactaim is commenced within 4 years after the filing of this	
Christopher Allen, CFO	(the
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