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| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| ·<br>(Bu                | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | of Status   |
| Special Instructions to | Filing Officer:   |             |
|                         |                   | AL.         |

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2006 SEP 18 P 12: 39
SECRETARY OF STATE
ALL AHASSEF FI ORION

#### **COVER LETTER**

| Division of Corporations   |   |
|--|---|
| SUBJECT: GULF WATERS HOSPITALI   |   |
| (Name of Limited   | Liability Company)  |
| Dear Sir or Madam:   |   |
| The enclosed Resignation of Member, Managing Me  | ember or Manager and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this mat   | tter to the following:  |
| Robert W. McClure. Esq.  |   |
| (Name of Person)   |   |
| Robert W. McClure, P.A.  (Firm/Company)  | 2006 SEP 18 SECRETARY TALLAHASSE  |
| 3511 Bonita Bay Blvd.  | EP 18 P<br>ETARY OF<br>HASSEE, F  |
| Bonita Springs, FL 34134 (City/State and Zip Code)   | P 12: 39 E. FLORIDA   |
| For further information concerning this matter, pleas  | se call:  |
| Bob McClure at   | (239) 948-9740  |
| (Name of Person)   | (Area Code & Daytime Telephone Number)  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount:  |   |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |
| CR2E079 (8/05)   |   |



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, William B. Lettinga  | , hereby resign as Managing Member |  |
|---|------------------------------------|--|
|   | (Title)                            |  |
| of GULF WATERS HOSPITALITY, LLC_  | ·                                  |  |
| (Limited Liab   | ility Company)                     |  |
| a limited liability company organized under the la  | aws of the State of Florida        |  |
| and affirm that the limited liability company has been notified in writing of the resignation.    A   A   A   A   A   A   A |                                    |  |

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## GULF WATERS RV HOMEOWNERS ASSOCIATION, INC.

#### ASSIGNMENT AND SUBSTITUTION OF MEMBERS

Pursuant to Section 7.1 of Article VII of the Operating Agreement which came effective August 15, 2003, ("Operating Agreement") of Gulf Waters Hospitality, LLC ("Company") and Sections 608.432 and 608.433, Florida Statutes, the undersigned, being all of the Members of the Company, do hereby agree that all right, title and interest of the undersigned as Members of the Company, pursuant to the Operating Agreement and Articles of Organization of the Company filed on August 18, 2003 with the Florida Department of State, are hereby assigned to Gulf Waters RV Homeowners Association, Inc. and that Gulf Waters RV Homeowners Association, Inc. shall be substituted as the sole member of the Company in our place and stead.

The undersigned agreed to execute and deliver as such additional documents as may be necessary and appropriate to implement this assignment and substitution.

This assignment shall be effective as of the date hereof.

Members:
William B. Lettinga
Michael P. Lettinga

Date: 8-3-06

CONSENT

Gulf Waters Hospitality, LLC., a Florida Limited

Liability Company

William B. Lettinga, Manager