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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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<u>, -</u>
- (Business Entity Name)
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(Document Number)
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OB APR & AM IO: 32
SECRETARY OF STATE
ORIDA

NA Thomas APR - 9 2008

COVER LETTER

TO: Registration Section

INHS18 (8/05)

Division of Corporations		
SUBJECT: Gibson Bay Resort, LLC (Name of Limite	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Kevin Wardle (Name of Person)	OB APR - AM IO: 32 SECRETARY OF STATE TALLAHASSEE, FLORID	
Gibson Bay Resort, LLC	PR PR	
(Firm/Company)	TASSES AND	
215 Celebration Place, Suite 330	E S E S E S E S E S E S E S E S E S E S	
(Address)	Office 32	
Celebration, FL 34747 (City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Kevin Wardle at (321) 559-1259	
(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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2008

KEVIN WARDLE 215 CELBRATION PLACE STE 330 CELEBRATION, FL 34747

SUBJECT: GIBSON BAY RESORT, LLC

Ref. Number: L05000119583

We have received your document for GIBSON BAY RESORT, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 108A00014890



March 24, 2008

KEVIN WARDLE 215 CELBRATION PLACE STE 330 CELEBRATION, FL 34747

SUBJECT: GIBSON BAY RESORT, LLC

Ref. Number: L05000119583

We have received your document for GIBSON BAY RESORT, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 308A00017304

Marsha Thomas Regulatory Specialist II OB APR -8 AM 10: 33



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability	company is: Gibson Bay Resort, LLC
2. The mailing address of the limite	d liability company is: 215 Celebration Place, Suite 330
	Celebration, FL 34747
12/13/2005	L05000119583
3. Date of filing/registration in Flor	da 4. Document number
5. The name of the registered agent a Florida Department of State:	and the registered office address as shown on the records of the
•	Villiam P Esq.
	Name
390 Nor	th Orange Avenue, Suite 1825
	Address FL 32801 City, State and Zip
Orlando	, FL 32801
	City, State and Zip
6. The name and address of the new	registered agent and/or office:
Kevin W	ardle mg.
	Name 62
215 Cele	ebration Place, Suite 330
Florida s	treet address (P.O. Box NOT acceptable)
Celebrat	ion FL 34747
	City, State and Zip
If the limited liability company is no confirmed that after the change or chand the business office of the registe liability company, it is hereby confir of the members of the limited liability or the operating agreement of the limited liability or the operating agreement of the limited liability of the liability of the limited liability of the liability of the limited liability of the limited liability of the liabili	
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Kevin Wardle (Printed or typed name of signee)	
I hereby accept the appointment as comply with the provisions of all side and I am familiar with and accept the Chapter 608, F.S. Or if this hope in address, I hereby confirm that the things.	registered agent and agree to act in this capacity. I further agree to tutes relative to the proper and complete performance of my duties, e-obligations of my position as registered agent as provided for in ent is being filed to merely reflect a change in the registered office nited liability company has been notified in writing of this change.
(Signature of Registered Agent) ///	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00