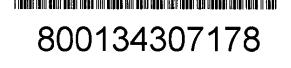
## P0400050984

· (Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GAMMA CAIPENTRY INC (Name of Corporation)
DOCUMENT NUMBER: PO 40000 50 984
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HECTOR MAYA (Name of Person)
GAMMA CARPENTRY INC (Name of Firm/Company)
(Name of Firm/Company)
BSI Bright MeDOW DRIVE (Address)
(Address)
LAKE HARY FL 3274'6  (City/State and Zip Code)
For further information concerning this matter, please call:
HECTOK MAYA at (321) 3637103 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	HECTOR	MAYA	, hereby resign as	PRESID	(Title)
of_	6AMMA	CARPENT	RY INC Name of Corporation)		,
7	04000 (Document No	50 98 4 umber, if known)	, a corporation organized und	ler the laws	of the State of
	FL	3 82 N & 7 N M 3 - H 1 N - 1	······································		
				3	
			(Signature of resigning officef/director	or)	AUG
					" PH 3

Make checks payable to Florida Department of State and mail to:

**FILING FEE IS \$35.00** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314