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(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GAP Development INC. (Name of Corporation)
DOCUMENT NUMBER: 404 000 142800
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ami Shaw
(Name of Person) (Name of Firm/Company)
357 GLA AUCW (Address)
Bradenton FL 34205 (City/State and Zip Code)
For further information concerning this matter, please call:
Keith Unitian Sow at (941) 518 - 4204 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(Title)
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the State of
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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314