(Re	equestor's Name)	_			
(Ad	dress)				
(Ad	dress)	<u> </u>			
(Cit	y/State/Zip/Phone	a #1			
(Cit	y/Otate/Zip/milon	5 #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
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Certified Copies Certificates of Status					
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Special Instructions to	Filing Officer:				
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Office Use Only



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SEGRETARY OF STATE
SEGRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LOVING ACCENTS
SUBJECT: LOVING ACCENTS (Name of Corporation) DOCUMENT NUMBER: PO100062097
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
12717 BUTLEN BAY CT (Address)
WINDERMENE, FL 34786 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 401 4277 (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

V.74

[, _	DAVID M	SEGAL	_, hereby resign as_	VICE-	Caes 71 (Title)	X NY
of_		ACCEN-	TS FNC.			,
	POLOOD 6209 (Document Number, if known	7 , a corp	oration organized und	der the laws of	the State of	i
	FLORIDA	<i>.</i>				
		(Signature o	f resigning officer/direct	or)	07 OCT 22 PM 9: I" SECRETARY OF STATI TALLAHASSEE, FLORII	

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