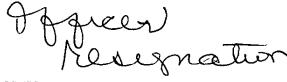
P0400056562

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



800236906648



06/28/12--01017--002 **35.00



180R 7/2/12

COVER LETTER

Division of Corporations	
SUBJECT: ACC	ENT ON QUALITY INC. (Name of Corporation)
DOCUMENT NUMBER:	Po4000056562
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
THE OUR TSANGAR	1NOS
(Name of Pers	on)
(Name of Firm/Co	mpany)
19 WEST OAKWOD	STREET
,	
TARPON SPRINGS (City/State and Zip	FL 34689
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
Name of Person)	at (727) 535-0450 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

FILED

2012 JUN 28 PM 2: 45

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

w Hi

I, _	STERGOS TSANG,	ARINOS	_, hereby resign as_	PRESIDENT	è DILECTOR
					(Title)
	0 n. c. l	A	_		
of_	ACCENT ON	QUALITY	JNc.		
		(Name of Corporati	on)		
•	Po4000056562	, a corpo	ration organized un	der the laws o	f the State of
	(Document Number, if known)			
	FLORIDA				

(Signature of resigning office director)

FILING FEE IS \$35.00

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

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