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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

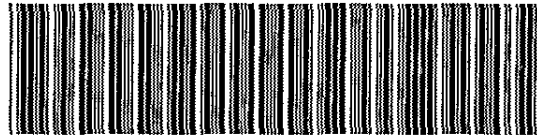
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 2ND CHANCE AUTO, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000060084

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL R. ROWE  
(Name of Person)

2ND CHANCE AUTO, INC.  
(Name of Firm/Company)

700 NORTH STATE ROAD 7  
(Address)

PLANTATION, FLORIDA 33317  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL R. ROWE at ( 754 ) 234-7693  
(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, MICHAEL R. ROWE, hereby resign as P, V, S, T, and Director  
(Title)

of 2ND CHANCE AUTO, INC.  
(Name of Corporation)

P06000060084, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X Michael Rowe  
(Signature of resigning officer/director)

06 SEP 20 11 33 33  
SECRETARY OF STATE  
FILED

**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