

L10000053023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

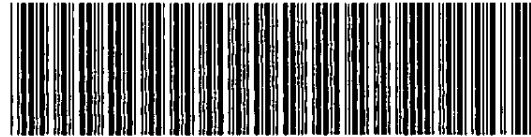
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 24 AM 3:12

T. HAMPTON

MAY 25 2010

EXAMINER

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: SECOND CHANCE CREDIT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANA JELEN

Name of Person

JELEN ACCOUNTING SERVICES, INC.

Firm/Company

8181 NW 36TH STREET SUITE 6-A

Address

DORAL, FL. 33166

City/State and Zip Code

JELENACCOUNTINGSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA JELEN

Name of Person

at (305)

591-9180

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECOND CHANCE CREDIT, LLC

Page 1 of 2

MGR = Manager
MGRM = Managing Member

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Typed or printed name of signee

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