

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002133

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** SECOND CHANCES CHARTER, LLC

**Current Principal Place of Business:**

18221 CAPSTAN GREENS ROAD  
CORNELIUS, NC 28031

**New Principal Place of Business:**

434 SAVOIE DR  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

18221 CAPSTAN GREENS ROAD  
CORNELIUS, NC 28031

**New Mailing Address:**

434 SAVOIE DR  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 26-2457491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JARRETT, THOMAS W  
434 SAVOIE DR.  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JARRETT, THOMAS W  
Address: 18221 CAPSTAN GREENS ROAD  
City-St-Zip: CORNELIUS, NC 28031

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JARRETT, THOMAS W  
Address: 434 SAVOIE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** THOMAS W JARRETT

MGM

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date