## NO100000975

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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M/Ri Resign

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: SECOND CHANCE PROGRAM, INC. (Name of Corporation)
• • •
DOCUMENT NUMBER: NO100000975
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICK PENDERY (Name of Person)
SECOND CHANCE PROGRAM, INC (Name of Firm/Company)
12157 W. LINEBAUGH #356 (Address)
TAMPA, FCH 3362C (City/State and Zip Code)
For further information concerning this matter, please call:
Mille Kapuan at (727) 797-5022  (Name of Person) at (727) 797-5022  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MIKE KAPLAN, hereby resign as DIRECTOR (Title)	
of SECOND CHANCE PROGRAM, INC. (Name of Corporation)	
No 100 0000975, a corporation organized under the laws of the State of (Document Number, if known)	F
NO100000975, a corporation organized under the laws of the State of Coursett Number, if known)  FLORIDH  23	FILED
(Signature of resigning officer/director)	•
(Signature of resigning officer/director)	
PH INC PEE IS \$25.00	

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

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