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| (Requestor's Name)                      |  |  |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |  |
| (Business Eliter Harrie)                |  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |  |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: SELF INVESTMENTS INC. (Name of Corporation)  DOCUMENT NUMBER: PO 20000 48647  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Please return all correspondence concerning this matter to the following:  |
| STEVEN MONTETRO V.P. (Name of Person)  |
| SELF INVESTMENTS INC. (Name of Firm/Company)   |
| 4438 DAFFODIL CIRCLE, S. (Address)   |
| PALM BEACH GARDENS, FL 33410<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| (Name of Person) at (501) 845-6216  (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.   |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I,   | LAURA       | ARAL                     |                           | _, hereby resign as_     | SECRET              | TARY<br>(Title)      |             |  |
|------|-------------|--------------------------|---------------------------|--------------------------|---------------------|----------------------|-------------|--|
| of   | SELF        | INVESTM                  | NENTS<br>arne of Corporat | INC ion)                 |                     |                      | <del></del> |  |
| P020 | Document Nu | 86 47<br>mber, if known) | , a corpo                 | oration organized und    | ler the laws of the | he State o           | f           |  |
|      | LORID       | A                        |                           |                          |                     | מלר.<br>מינים        | . 03 /      |  |
|      |             |                          | N.                        | 11                       |                     | RETARY (<br>AHASSEE  | 03 APR 10 / |  |
|      |             |                          | (Signature of             | resigning officer/direct | or)                 | OF STATU<br>, FLORIC | AM 10: 0;   |  |

## 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