

L11000006917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

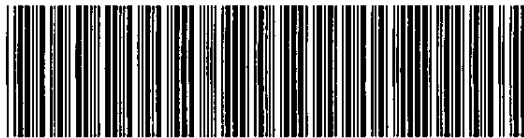
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 8 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVENTS BY ARDEN Z
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PAUL SUTSIY
(Contact Person)

EVENTS BY ARDEN Z
(Firm/Company)

4831 NE 7 AV.
(Address)

OAKLAND PARK, FL 33334
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL SUTSIY at (954) 560-8330
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

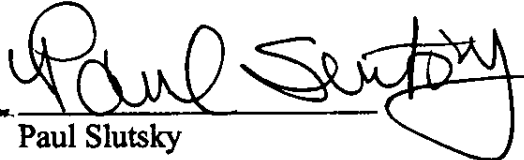
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Withdrawal and Resignation as Manager/Member of EVENTS BY ARDEN Z, LLC

Pursuant to Section 3.5(a) of the Operating Agreement of Events by Arden Z, LLC., I, PAUL SLUTSKY, hereby voluntarily withdraw my membership in the above-referenced organization and resign my management role in same, together with any rights and privileges that appertain thereto, including but not limited to the right and privilege to receive any sums of money whatsoever from said organization as a result of its normal business operations.


Paul Slutsky

Dated: 12/28/11

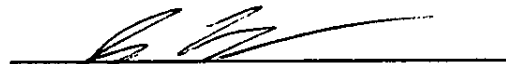
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NOTARIAL ACKNOWLEDGMENT

STATE OF FLORIDA)
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared PAUL SLUTSKY, who, being by me first duly sworn and who is personally known to me or produced _____ as identification, deposes and says that the foregoing is true and correct to the best of his knowledge.

SWORN TO AND SUBSCRIBED before me this 18th day of January, 2012.


Notary Public, State of Florida
Printed Notary Name:

My Commission Expires:

