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SECRETARY OF STANE
ALLAHASSEE, FLORIO

905 SEP 29 P 3

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--|---|--------------------------------------|--|---------------------|-----|
| SUBJI | ECT: Z. International Enter | rtainment, L Limited Liability Co | | | |
| Dear S | ir or Madam: | | | | |
| The en | closed Resignation of Member, Manag | ging Member or N | fanager and fee(s) are | submitted for fili | ng. |
| Please | return all correspondence concerning to | his matter to the t | following: | | |
| Don | ald W. Wruck, III (Name of Person) | | _ | | |
| Law | Offices of Donald W. Wi | ruck, III | _ | | |
| 275 | U.S. Highway 30, Suite | 250 | - | | |
| Dye | r, Indiana 46311 (City/State and Zip Code) | | - | | |
| For fur | ther information concerning this matter | , please call: | | 2005 SEC TALL | |
| Don | ald W. Wruck, III | at (219 | 322-1166 | S SEP | |
| | (Name of Person) | | e & Daytime Telephon | ne Number) 29 | ្រា |
| Registra Division Clifton 2661 Ex | ET/COURIER ADDRESS: ation Section n of Corporations Building secutive Center Circle ssee, Florida 32301 | | MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida | ions T | Ü |
| Enclose | ed is a check for the following amoun | ı t: | | | |
| CR2E079 | \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Jennifer C. Zimmerman | , hereby resign as Managing Member (Title) |
|---|--|
| of Z. International Entertainment, LLC (Limited Liability | y Company) |
| a limited liability company organized under the law | rs of the State of Florida, |
| and affirm that the limited liability company has be | en notified in writing of the resignation. |
| (Signature of resigning manager, m | nanaging member or member) |

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE