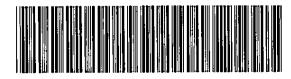
119000 173300

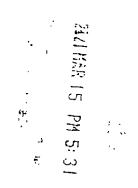
(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600361972956

03/15/21--01042--030 **25.00



O SIMMONS
MAY 2 0 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Test Smart Learning LLC Name of Limited Liability	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000173300	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800	773-0888
Name of Person at (Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the under	signed,	r	t
United States Corporation Agents, Inc.		nereby resigns as	•	2
	Name of Registered Agent	meretry realigns as		ZI BAR
Registered Agent for _	Test Smart Learning LLC			<u>5</u>
	Name of Limited Liability Company		4,	PH 5: 3
L19000173300				
Document ?	Sumber, if known			
	ion was mailed to the above listed limited liability election and the office discontinued on the 31st day after			
	Signature of Resigning Agent			
If signing on behalf of	an entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corporation Age	ints, Inc.		
	Capacity			

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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