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B. KOHR

JUN - 3 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

June 3, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 OS JIM-3 PM 1: 15

Re: Order #: 7579274 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

TESST-KAP, L.L.C. (DE) Cancellation Florida

TESST-KAP, L.L.C. (DE) Obtain Document - Misc - Certified copy of Withdrawal Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

Chris McNeair
Assistant Secretary

June 3, 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7579274 SO

Customer Reference 1: None Given Customer Reference 2: None Given

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| Tesst-Kap, L.L.C. | | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Nai | me of limited liability company) | 1 1000 13 |
| Delaware | | |
| (Ji | urisdiction of its organization) | TO A STATE OF THE PARTY OF THE |
| This limited liability company is no authority to transact business in this st | longer transacting business in Fate. | lorida and surrenders its |
| This limited liability company revoke its behalf and appoints the Departme cause of action arising during the time | es the authority of its registered and of State as its agent for service it was authorized to transact busing | gent to accept service on se of process based on a ness in Florida. |

C/o Kaplan Higher Education, 6301 Kaplan University Avenue

(Mailing address)

Fort Lauderdale, FL 33309

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of member or authorized representative of a member)

Johan de Muinck Keizer, Vice President & Asst. Secretary of Sole Member, Kaplan Higher Education Corporation

(Typed or printed name of signee)

Filing Fee: \$25.00