

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000010404

Entity Name: SCENARIO LEARNING, LLC**Current Principal Place of Business:**4890 W. KENNEDY BLVD., STE. 300
TAMPA, FL 33609**Current Mailing Address:**4830 W KENNEDY BLVD, STE 300
TAMPA, FL 33609 US**FEI Number:** 26-1565516**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	CEO/SECRETARY
Name	GORDON, JEFF
Address	4890 W. KENNEDY BLVD., STE. 300
City-State-Zip:	TAMPA FL 33609

Title	ASSISTANT SECRETARY
Name	BROWN, DAVID
Address	4890 W. KENNEDY BLVD., STE. 300
City-State-Zip:	TAMPA FL 33609

Title	CEO
Name	SCHEIPE, MARC
Address	4890 W. KENNEDY BLVD., STE. 300
City-State-Zip:	TAMPA FL 33609

Title	MEMBER
Name	TARGETSOLUTIONS LEARNING, LLC
Address	4890 W. KENNEDY BLVD., STE. 300
City-State-Zip:	TAMPA FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC SCHEIPE

CEO, SECRETARY

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date