

T07000000895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

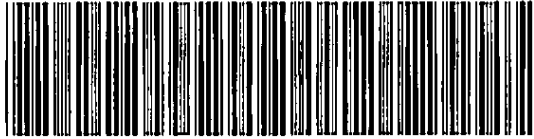
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN -3 PM 4: 20

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**K. SALY
JUN 27 2022**

STRALEY ROBIN VERICKER

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June 2, 2022

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32314

Re: Assignment and Renewal of Trademark Registration No. T07000000895
Seven Oaks and a Design of a Tree Branch With Leaves

Dear Sir or Madam:

This firm represents the Seven Oaks Community Development District as District Counsel. Enclosed please find a Mark Assignment and filing fee for the above-referenced trademark. We have simultaneously filed a Mark Renewal Application and filing fee to be processed once the Assignment has been completed.

Please let us know if you have any questions or need additional information on either application.

Very truly yours,



Vanessa T. Steinerts
District Counsel

VTS
Enclosures

cc: Taylor Nielsen, District Manager

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEVEN OAKS AND A DESIGN OF A TREE BRANCH WITH LEAVES

(Name of Mark to be assigned)

Dear Sir or Madam:

The enclosed Mark Assignment and fee(s) are submitted for filing. Please
return all correspondence concerning this matter to the following:

Vanessa T. Steinerts, Esq.

(Name of Person)

Straley Robin Vericker P.A.

(Firm/Company)

1510 West Cleveland Street

(Address)

Tampa, Florida 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Vanessa T. Steinerts

at _____
(Name of Person)

813 419-1415

(_____) _____
(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILING FEE: \$50 per class

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: SEVEN OAKS AND DESIGN OF A TREE BRANCH WITH LEAVES

2. Registration Number: T07000000895

3. (a) Assignor's name: SB Associates I Limited Partnership

(b) Assignor's Business Address: 222 N. Lasalle Street, Suite 800

Chicago, IL 60601
City/State/Zip

If Different, Assignor's Mailing Address:

City/State/Zip

4. (a) Assignee's name: Seven Oaks Community Development District

(b) Assignee's Business Address: 3434 Colwell Avenue, Suite 200

Tampa FL 33614
City/State/Zip

If Different, Assignee's Mailing Address:

City/State/Zip

(c) Assignee's telephone number: (813) 994-1001

- Individual, Corporation, Joint Venture, Limited Liability Company, General Partnership, Limited Partnership, Union, Other: Special District created

pursuant to Ch. 190, FL Statutes

If other than an individual, (1) Florida registration/ document number: N/A (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-3699766

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TALLAHASSEE, FLORIDA

5. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of and symbolized by the mark) is hereby

assigned by SB Associates I Limited Partnership to Seven Oaks Community Development District
(the Assignor) (the Assignee)

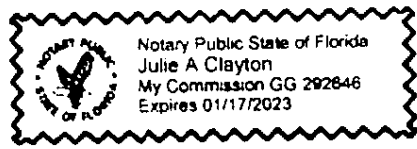
6. Assignor's Signature: *Craig B. Weber*

By CRAIG B. WEBER
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 20 day of April 2022. Craig B. Weber
(Name of Individual Signing)

who is personally known to me whose identity I proved on the basis of _____

(Notary Seal)



Julie A. Clayton
Signature of Notary Public

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

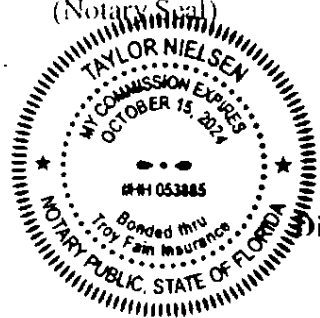
7. Assignee's Signature: *[Signature]*

By Sean Grace, Vice Chairman of Board of Super-users
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 11 day of May 2022. Sean Grace
(Name of Individual Signing)

who is personally known to me whose identity I proved on the basis of _____

(Notary Seal)



[Signature]
Signature of Notary Public

FILING FEE: \$50 per class

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