

L16000068258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

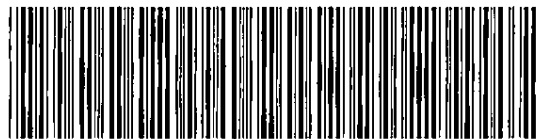
(Document Number)

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10/31/24--01027--009 **25.00

FILED
2024 OCT 31 AM 10:55
CLERK OF COURT
JUDICIAL DISTRICT OF CLATSOP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IVY LEAGUE ACADEMY, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TERRI WEGMANN

(Contact Person)

FULLER, DUSINBERRE, HORNE, PLLC

(Firm/Company)

1845 EAST WEST PARKWAY, SUITE 18

(Address)

FLEMING ISLAND, FLORIDA 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

TERRI WEGMANN

(Name of Contact Person)

at (904) 264-0585

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 OCT 31 AM 10:55
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: IVY LEAGUE ACADEMY, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000068258
3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 16, 2024
4. I, FREDDY MEYER, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGING MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: IVY LEAGUE ACADEMY

2. Registration Number: T 23000000616

3. (a) Assignor's name: IVY LEAGUE ACADEMY, LLC

(b) Assignor's Business Address: 2350 MARKET DRIVE, SUITE 60

FLEMING ISLAND, FL 32003
City/State/Zip

If Different, Assignor's Mailing Address: _____

City/State/Zip

4. (a) Assignee's name: SUPER SUB 1 TRADING GROUP, CORP

(b) Assignee's Business Address: 2350 MARKET DRIVE, SUITE 60

FLEMING ISLAND, FL 32003
City/State/Zip

If Different, Assignee's Mailing Address: _____

City/State/Zip

(c) Assignee's telephone number: (954) 632-1219

☐ Individual ☐ Corporation ☐ Joint Venture ☒ Limited Liability Company

☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If other than an individual,

(1) Florida registration/ document number: P03000040473 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 02-0687817

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 IVY LEAGUE ACADEMY to SUPER SUB 1 TRAINING GROUP,
(the Assignor) LLC (the Assignee) CORP

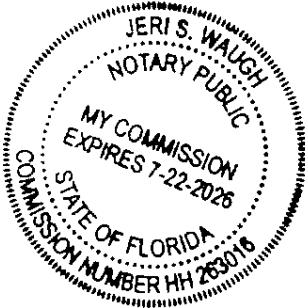
6. Assignor's Signature: _____

By RODERICK MEYER
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 16th day of October, 2024 Roderick Meyer
(Name of Individual Signing)

☐ who is personally known to me ☒ whose identity I proved on the basis of valid driver's license

(Notary Seal)



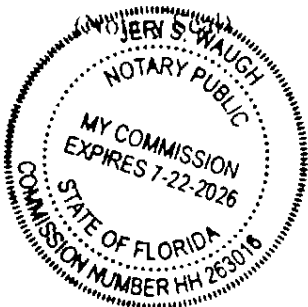
Jeri S. Waugh
Signature of Notary Public

7. Assignee's Signature: _____

By RODERICK MEYER
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 16th day of October, 2024 Roderick Meyer
(Name of Individual Signing)

☐ who is personally known to me ☒ whose identity I proved on the basis of valid driver's license



Jeri S. Waugh
Signature of Notary Public

FILING FEE: \$50 per class
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314