

# 10300000893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

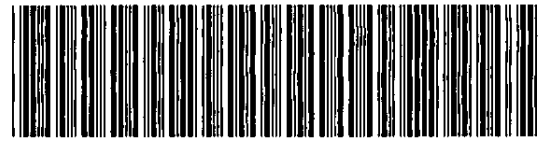
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
CORRECTION TO ASSIGNOR NAME  
PER CONVERSATION WITH  
YANET AVILA 6/26/2013 KS

Office Use Only



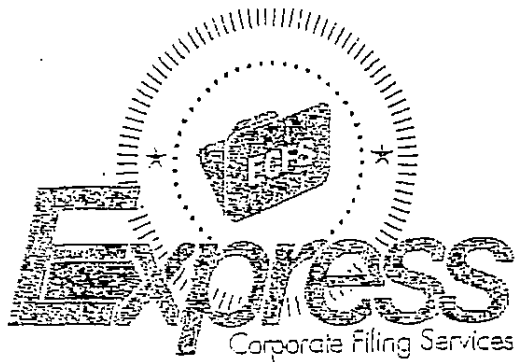
900248494669

06/25/13--01002--005 \*\*825.00

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DIVISION OF CORPORATIONS  
2013 JUN 25 AM 10:43  
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FILED  
2013 JUN 25 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 26 2013



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email: filing@ecfsfiling.com

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **T03000000893**
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in      Pick up time      Certified Copy  
 Mail out      Will wait      Photocopy      Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Nonprofit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of P.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Preservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark <b>assignment</b>
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_

## ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: WESTAR OIL COMPANY AND DESIGN OF TRIPLE OUTLINE OF HALF STAR, RED LINE TOP, WHITE MIDDLE, BLUE BOTTOM, IN CENTER "WESTAR" IN RED FANCIFUL "S", BLUE UNDERLINE, "OIL COA \_\_\_\_\_

2. Registration Number: T03000000893

3. (a) Assignor's name: PETROLEUM MARKETING WHOLESAL, INC.

(b) Assignor's Business Address: 2401 N.W. 30TH AVENUE

MIAMI, FL 33142

City/State/Zip

If Different, Assignor's Mailing Address: \_\_\_\_\_

City/State/Zip

FILED  
13 JUN 25 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. (a) Assignee's name: TOMAS PEQUENO

(b) Assignee's Business Address: 2401 N.W. 30TH AVENUE

MIAMI, FL 33142

City/State/Zip

If Different, Assignee's Mailing Address: \_\_\_\_\_

City/State/Zip

(c) Assignee's telephone number: (305) 409-6000

Individual       Corporation       Joint Venture       Limited Liability Company

General Partnership       Limited Partnership       Union       Other: \_\_\_\_\_

If other than an individual,

(1) Florida registration/ document number: \_\_\_\_\_ (2) Domicile State: \_\_\_\_\_

(3) Federal Employer Identification Number: \_\_\_\_\_

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 PETROLEUM MARKETING WHOLESALE INC. to TOMAS PEQUENO  
(the Assignor) (the Assignee)

6. Assignor's Signature: [Handwritten Signature]

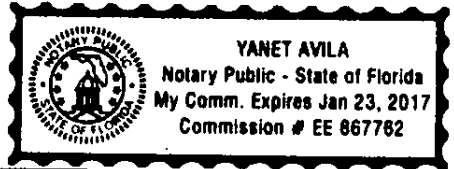
By TOMAS PEQUENO  
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 12 day of JUNE, 13, TOMAS PEQUENO  
(Name of Individual Signing)

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

(Notary Seal)

[Handwritten Signature]  
Signature of Notary Public



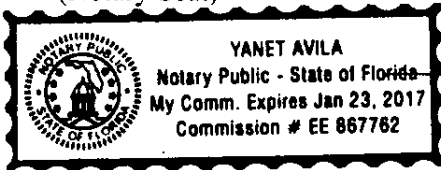
7. Assignee's Signature: [Handwritten Signature]

By \_\_\_\_\_  
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 12 day of June, 13, Tomas Pequeno  
(Name of Individual Signing)

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

(Notary Seal)



[Handwritten Signature]  
Signature of Notary Public

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