

**T04000000742**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

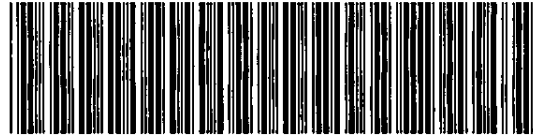
(Business Entity Name)

(Document Number)

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

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**700255280797**  
**ASSIGNMENT**

01/16/14--01012--020 \*\*50.00

**T04-742**

**FILED**  
**14 JAN 16 AM 9:30**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*pk*

**JAN 22 2014**  
**N. CAUSSEAU**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PUBLIC HOUSING SERVICES  
(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:

CLAUDIA PENA

(Name of Person)

(Firm/Company)

5036 DR. PHILLIPS BLVD #183

(Address)

ORLANDO - FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Pena

(Name of Person)

at (954) 696-1886

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**FILING FEE: \$50 per class**

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: PUBLIC HOUSING SERVICES

2. Registration Number: T04000000742

3. (a) Assignor's name: PREMIER HOUSING SERVICES, LLC

(b) Assignor's Business Address: P.O. BOX 144-11214 PINES BLVD

PEMBROKE PINES, FL 33026  
City/State/Zip

If Different, Assignor's Mailing Address: 5036 DR. PHILLIPS BLVD # 183

ORLANDO - FL 32819  
City/State/Zip

4. (a) Assignee's name: FOX INVESTMENT TRUST LLC

(b) Assignee's Business Address: 5036 DR. PHILLIPS BLVD # 183

ORLANDO, FL 32819  
City/State/Zip

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

City/State/Zip

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(c) Assignee's telephone number: (954) 696-1886

Individual  Corporation  Joint Venture  Limited Liability Company

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

If other than an individual,

(1) Florida registration/ document number: L13000170898 (2) Domicile State: FL

(3) Federal Employer Identification Number: 46-4323759

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 PREMIER HOUSING SERVICES, LLC to FOX INVESTMENT TRUST, LLC  
(the Assignor) (the Assignee)

6. Assignor's Signature: *Claudia G Pena*

By Claudia G Pena  
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 10<sup>th</sup> day of JAN, 2014, CLAUDIA G PENNA  
(Name of Individual Signing)

who is personally known to me  whose identity I proved on the basis of FL DRIVERS LLC

(Notary Seal)  
NOTARY PUBLIC-STATE OF FLORIDA  
Cliff J. Chin  
Commission # EE003637  
Expires: JULY 08, 2014  
BONDED THRU ATLANTIC BONDING CO., INC.

*Cliff J. Chin*  
Signature of Notary Public

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Assignee's Signature: *Claudia G Pena*

By Claudia G Pena  
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 10<sup>th</sup> day of JAN, 2014, CLAUDIA G PENNA  
(Name of Individual Signing)

who is personally known to me  whose identity I proved on the basis of FL DRIVERS LLC

(Notary Seal)  
NOTARY PUBLIC-STATE OF FLORIDA  
Cliff J. Chin  
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FILING FEE: \$50 per class  
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314