

109000000647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

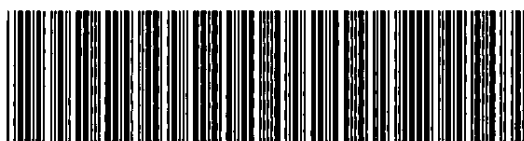
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/10--01004--003 **50.00

ASSIGNMENT

109-647

2 classes

Need more money

FILED
10 MAY 20 PM 2:00
N. CAUSSEAU
MAY 21 2010
EXAMINER

109-647

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinitrim

(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:

Ann Bittinger

(Name of Person)

The Bittinger Law Firm

(Firm/Company)

13500 Sutton Park Dr. S., Ste 201

(Address)

Jacksonville, FL 32224

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Bittinger

(Name of Person)

at (904) 821-9000

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2010

ANN BITTINGER, ESQUIRE
THE BITTINGER LAW FIRM
13500 SUTTON PARK DRIVE, S., SUITE 201
JACKSONVILLE, FL 32224

SUBJECT: INFINITRIM
Ref. Number: T09000000647

We have received your document for INFINITRIM and your check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$50.00.

The filing fee for an Assignment is \$50.00 per class. This mark is registered in 2 classes.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 410A00012057

The Bittinger Law Firm

A P R O F E S S I O N A L A S S O C I A T I O N

13500 SUTTON PARK DRIVE SOUTH, SUITE 201

JACKSONVILLE, FL 32224

ANN M. BITTINGER
ann@bittingerlaw.com
☎ (904) 821-9000
Fax: (904) 821-9400

May 17, 2010

Nanette Causseaux
Document Specialist Supervisor
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Infintrim, Reference Number T09000000647

Dear Ms. Causseaux:

Pursuant to the enclosed letter, enclosed please find a check in the amount of Fifty Dollars (\$50) for the second class.

Thank you for contacting me. Please process the application at your earliest convenience.

Sincerely,



Ann Bittinger
Board Certified Health Law Attorney

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: Infinitrim

2. Registration Number: T09000000647

3. (a) Assignor's name: Andre, Wille E

(b) Assignor's Business Address: 6817 Southpoint Parkway, Suite 604

Jacksonville, FL 32216

City/State/Zip

If Different, Assignor's Mailing Address: _____

City/State/Zip

4. (a) Assignee's name: Lakay Group, Inc.

(b) Assignee's Business Address: 6817 Southpoint Parkway, Suite 604

Jacksonville, FL 32216

City/State/Zip

If Different, Assignee's Mailing Address: _____

City/State/Zip

(c) Assignee's telephone number: (904) 296-9090

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Limited Liability Company

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

If other than an individual,

(1) Florida registration/ document number: P090000093284 ✓ (2) Domicile State: FL

(3) Federal Employer Identification Number: 900282356

FILED
10 MAY 20 PM 2:00
STATE OF 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 Wille Andre to Lakay Group, Inc.
(the Assignor) (the Assignee)

6. Assignor's Signature: *Wille Andre*

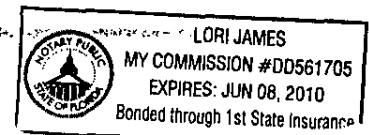
By Wille Andre
(Typed or Printed Name of Person Signing Above)

On this 6th day of April, 2010, Wille Andre
personally appeared before me,

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

(Notary Seal)

Lori James
Signature of Notary Public



7. Assignee's Signature: *Wille Andre*

By Wille Andre, President, Lakay Group, Inc.
(Typed or Printed Name of Person Signing Above)

On this 6th day of April, 2010, Wille Andre
personally appeared before me,

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

(Notary Seal)

Lori James
Signature of Notary Public



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



T12852

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2010

EUREX CORPORATION
ATTN: HANS OTTO TESSNER
P.O. BOX 836
LEHIGH ACRES, FL 33970-0836

SUBJECT: EUREX
Ref. Number: T12852

We have received your document for EUREX. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The specimen you submitted to renew your trademark is not acceptable. We need one permanent specimen. We do not accept camera ready copies or specimens which have been altered or defaced in any manner. To renew your trademark, we need one label, decal or tag that is affixed to the actual good(s) or product(s). We will accept one legible photograph of the good(s) or product(s) with the specimen affixed. If the mark is a publication, newspaper, magazine, or column, we need one publication. If your mark is registered under more than one class, we need one specimen for each class. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimen(s) to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 710A00012255