

T11000000223

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

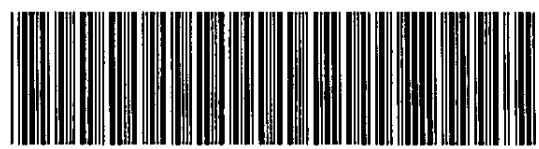
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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800290956458  
ASSIGNMENT

10/06/16--01027--012 \*\*150.00

T11-223

FILED  
16 OCT 06 AM 10:10  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N. CAUSSEAU  
OCT 11 2016

**ASSIGNMENT OF MARK REGISTRATION**

1. The mark to be assigned is: QUICK WEIGHT LOSS CENTERS & DESIGN OF "QUICK" IN LARGE CAPS; TAPE MEASURE IS SHADED BEHIND "QUICK" AND CURVES AROUND WITH NUMBERS IN THE TAPE; "WEIGHT LOSS CENTERS" IS ABOVE THE TAPE

2. Registration Number: T11000000223

3. (a) Assignor's name: QUICK WEIGHT LOSS CENTERS, INC. (nka PASCASLA, Inc.)

(b) Assignor's Business Address: 3161 WEST MCNAB ROAD

POMPANO BEACH, FL 33069

City/State/Zip

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

City/State/Zip

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16 OCT 06 AM 10:10  
TALLAHASSEE FLORIDA

4. (a) Assignee's name: QUICK WEIGHT LOSS CENTERS, LLC

(b) Assignee's Business Address: 3161 WEST MCNAB ROAD

POMPANO BEACH, FL 33069

City/State/Zip

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

City/State/Zip

(c) Assignee's telephone number: ( 954 ) 978-6969

Individual     Corporation     Joint Venture     Limited Liability Company

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

If other than an individual,

(1) Florida registration/ document number: M16000006039 (2) Domicile State: DELAWARE

(3) Federal Employer Identification Number: 81-3340027

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 QUICK WEIGHT LOSS CENTERS, INC. (nka PASCASLA, Inc.) to QUICK WEIGHT LOSS CENTERS, LLC  
(the Assignor) (the Assignee)

6. Assignor's Signature: [Signature]

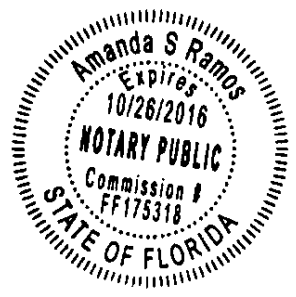
By LYNN S. ALLEN  
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 26<sup>th</sup> day of September 2016, LYNN S. ALLEN  
(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



7. Assignee's Signature: [Signature]

By JOSHUA GARRETT  
(Typed or Printed Name of Person Signing Above)

Sworn to and subscribed before me on this 19 day of SEPTEMBER, 2016, Josh Garrett  
(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

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TALLAHASSEE, FLORIDA  
DIVISION OF STATE

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

LUCY M. SKEEN  
Notary Public, State of New York  
Registration # 01SK5257571  
Qualified in New York County  
Commission Expires Aug. 20, 2020

LUCY M. SKEEN  
Notary Public, State of New York  
Registration # 01SK6267571  
Qualified in New York County  
Commission Expires Aug. 20, 2020