## T20000000584

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	"MY VACATION HAVEN. Y	YOUR VACATION SPOT!"	
0000		f Mark to be assigned)	
Dear S	Sir or Madam:		10 mg
The e	nclosed Mark Assignment and fee(s	) are submitted for filing. Please	
return	all correspondence concerning this	matter to the following:	本11年10 第2個第2年 第200 第200 第200 第200 第200 第200 第200 第
Edwar	rd T. White, Esq.		第 %
	(Name of Person)		
Willia	ms Mullen		
	(Firm/Company)		
200 S	outh 10th Street, Suite 1600		
	(Address)		
Richm	nond, VA 23219		
	(City/State and Zip Code	*)	
For fu	orther information concerning this n	natter, please call:	
Edwar	rd T. White, Esq.	804 420-6338	
(Nam	e of Person)	(Area Code & Daytime Telephone Number)	
	Mailing Address: Registration Section	Street Address: Registration Section	
	Division of Corporations Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8	310

FILING FEE: \$50 per class

Tallahassee, FL 32303

## ASSIGNMENT OF MARK REGISTRATION

١.	The mark to be assigned is: "MY VACATION OF THE MARK TO BE ASSIGNED OF THE	ON HAVEN. Y	YOUR VACATION SPC	T!"		_
2.	Registration Number: T20000000584					
3.	(a) Assignor's name: My Vacation Haven, LLC				_	
			ulevard, Suite 209		5 7	<u></u>
		Miramar Beac	ch, FL 32550		# 5° 1.5° 1.5° 1.5° 1.5° 1.5° 1.5° 1.5° 1	
			City/Sta	te/Zip	<del></del>	-
	If Different, Assignor's Mailing Address:			<u> </u>		_
			City/Sta	te/Zip		-
4.	(a) Assignee's name:Towne Vacations NW F	lorida, LLC				_
	(b) Assignee's Business Address:	6001 Harbour	View Blvd.			
		Suffolk, VA	23435			
			City/Sta	te/Zip		-
	If Different, Assignee's Mailing Address:					_
		<del> </del>	City/Sta	te/Zin		-
	(c) Assignee's telephone number: (	420-	-6338	terz.ip		
	Individual Corporation		Joint Venture	Limited Li	iability Company	
	General Partnership Limited Par	tnership	Union	Other:		_
If	other than an individual, (1) Florida registration/ document number	.: <u>M2400000</u> 2	.673 (2	) Domicile State	:	_
	(3) Federal Employer Identification Numb	oer:				

S All minhs siste and interest in and as said as all security	and the state of t
	er with the good will of the business in which the mark is ted with the use of and symbolized by the mark) is hereby
My Vacation Haven, LLC assigned by	Towne Vacations NW Florida, LLC to .
(the Assignor)	(the Assignee)
6. Assignor's Signature:	Buchane
Daniel Buckner, Managing Member	is the second se
(Typed or Printed Name of Person Signing Above	
Sworn to and subscribed before me on this 97 day	of May 2024 Daniel Buckner (Name of Individual Signing)
who is personally known to me whose identi	ty I proved on the basis of
(Notary Seal)	
RAMONA R GARVIN  Notary Public - State of Florida  Commission # HH 457274  My Comm. Expires Oct 27, 2027  Bonded through National Notary Assn.	gnature of Notary Public
7. Assignee's Signature: MIMIL O'BING.	n
By Michelle O'Brien, Manager  (Typed or Printed Name of Person Signing Above	<del>v)</del>
Sworn to and subscribed before me on this 29 <sup>th</sup> day of 3	Michelle O'Brien (Name of Individual Signing)
who is personally known to me whose identity I	•
(Notary Seal)  ANNE STARY Signature of	Notary Public

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