

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM701225

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Project DL, LLC		09/16/2019	Limited Liability Company: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Dalia Shporer		
Street Address:	C/O Jones Bell LLP, 601 S Figueroa St		
Internal Address:	Suite 3460		
City:	Los Angeles		
State/Country:	CALIFORNIA		
Postal Code:	90017		
Entity Type:	INDIVIDUAL: UNITED STATES		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	5086954	OOBER SWANK	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	213-485-1555		
Email:	adhillon@jonesbell.com		
Correspondent Name:	Asha Dhillon		
Address Line 1:	601 S Figueroa St		
Address Line 2:	Suite 3460		
Address Line 4:	Los Angeles, CALIFORNIA 90017		
NAME OF SUBMITTER:	Asha Dhillon		
SIGNATURE:	/asha dhillon/		
DATE SIGNED:	01/11/2022		
Total Attachments: 2			
source=2015-07-31 SOI - Project DL, LLC#page1.tif			
source=2019-09-16 Cert of Cancellation-Project DL, LLC#page1.tif			

OP \$40.00 5086954



State of California
Secretary of State

88

L

STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

JUL 31 2015

1. LIMITED LIABILITY COMPANY NAME
PROJECT DL, LLC

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
201320010008

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
127 E. 9TH STREET #603	LOS ANGELES	CA	90015

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
---	------	-------	----------

7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
127 E. 9TH STREET #603	LOS ANGELES	CA	90015

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
LISA MI SOHN	127 E. 9TH STREET	LOS ANGELES	CA	90015

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
LISA MI SOHN	127 E. 9TH STREET #603	LOS ANGELES	CA	90015

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
DALIA SHPORER	127 E. 9TH STREET #603	LOS ANGELES	CA	90015

11. NAME	ADDRESS	CITY	STATE	ZIP CODE
----------	---------	------	-------	----------

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
DALIA SHPORER

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
127 E. 9TH STREET # 603	LOS ANGELES	CA	90015

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
CONSULTING AND SERVICE

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

07/28/2015

DALIA SHPORER

MEMBER

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE



**Secretary of State
Certificate of Cancellation
Limited Liability Company (LLC)**

LLC-4/7

FILED ZPR
Secretary of State
State of California
SEP 16 2019

IMPORTANT — Read Instructions before completing this form.

There is **No Fee** for filing a Certificate of Cancellation

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC as it is recorded with the California Secretary of State)

PROJECT DL, LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

2	0	1	3	2	0	0	1	0	0	0	8
---	---	---	---	---	---	---	---	---	---	---	---

3. Dissolution (California LLCs ONLY: Check the box if the vote to dissolve was made by the vote of **ALL** the members.)

The dissolution was made by a vote of **ALL** of the members of the California Limited Liability Company.

Note: If the above box is not checked, a **Certificate of Dissolution** (Form LLC-3) must be filed prior to or together with this Certificate of Cancellation. (California Corporations Code section 17707.08(a).)

4. Tax Liability Statement (Do not alter the Tax Liability Statement.)


All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.

5. Cancellation Statement (Do not alter the Cancellation Statement.)

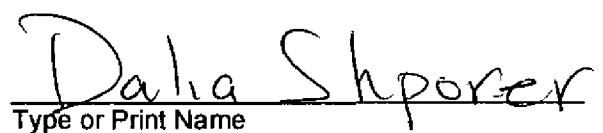
Upon the effective date of this Certificate of Cancellation, the Limited Liability Company's registration is cancelled and its powers, rights and privileges will cease in California.

6. Read and Sign Below (See instructions for signature requirements. Do not use a computer generated signature.)

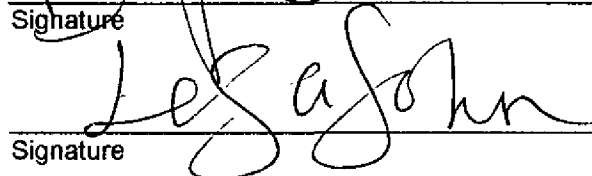
By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.



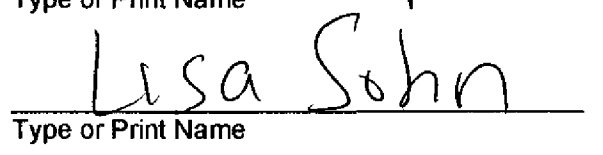
Signature



Type or Print Name



Signature



Type or Print Name

Signature

Type or Print Name