# OP \$40.00 3685053

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM496449

NATURE OF CONVEYANCE:  Corrective Assignment to correct the conveying party and receiving party data previously recorded on Reel 004145 Frame 0622. Assignor(s) hereby confirms the conveying party should be WATERMARK MEDICAL, LLC and the receiving party should be WATERMARK MEDICAL, INC	SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
		data previously recorded on Reel 004145 Frame 0622. Assignor(s) hereby confirms the conveying party should be WATERMARK MEDICAL, LLC

## **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
WATERMARK MEDICAL, LLC		11/01/2018	Limited Liability Company: FLORIDA

# **RECEIVING PARTY DATA**

Name: WATERMARK MEDICAL, INC.	
Street Address: 1641 Worthington Road, Suite 430	
City: West Palm Beach	
State/Country:	FLORIDA
Postal Code:	33409
Entity Type: Corporation: FLORIDA	

# **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	3685053	WATERMARK MEDICAL

# **CORRESPONDENCE DATA**

**Fax Number:** 6126773572

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.

**Phone:** 202-244-3088

Email: docketing@cpaglobal.com

Correspondent Name: Thomas C. Fiala

**Address Line 1:** 900 Second Avenue S., Suite 600

Address Line 2: c/o CPA Global

Address Line 4: Minneapolis, MINNESOTA 55402

NAME OF SUBMITTER:	Thomas C. Fiala
SIGNATURE:	/Thomas C. Fiala/
DATE SIGNED:	11/01/2018

# **Total Attachments: 2**

source=C02.0002TM00\_ Assignment confirmation receipt#page1.tif source=C02.0002TM00\_ Assignment confirmation receipt#page2.tif

TRADEMARK REEL: 006510 FRAME: 0290 Assignment Page 1 of 2

# TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

# **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Watermark Medical, Inc.		02/08/2010	CORPORATION: FLORIDA

### RECEIVING PARTY DATA

Name:	me: Watermark Medical, LLC	
Street Address: 1750 Clint Moore Road		
Internal Address: Suite 101		
City: Boca Raton		
State/Country: FLORIDA		
Postal Code: 33487		
Entity Type: LIMITED LIABILITY COMPANY: FLORIDA		

# PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	3685053	WATERMARK MEDICAL

# **CORRESPONDENCE DATA**

**Fax Number:** (612)677-3572

Correspondence will be sent via US Mail when the fax attempt is

unsuccessful.

**Phone**: 301-718-2259

Email:vgoel@cpaglobal.comCorrespondent Name:Fiala & Weaver, PLLC

Address Line 1: c/o CPA Global
Address Line 2: P.O. Box 52050

Address Line 4: Minneapolis, MINNESOTA 55402

ATTORNEY DOCKET NUMBER: C02.0002TM00

Assignment Page 2 of 2

NAME OF SUBMITTER: Signature:		Thomas C. Fiala	
		/Thomas C. Fiala, #43,610/	
Date:		02/08/2010	
Total Attachments: 0			
RECEIPT INFORMATION			
Receipt Date: 02/	TM164075 02/08/2010 \$40		