

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
(Name of Mark to be cancelled)

The enclosed Application for the Cancellation of a Trademark and/or Service Mark and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Contact Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$50.00 Filing Fee \$102.50 Filing Fee and Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**APPLICATION FOR THE CANCELLATION OF A
TRADEMARK AND/OR SERVICE MARK**

Pursuant to s. 495.101, Florida Statutes, the undersigned hereby submit(s) this application to cancel the following trademark and/or service mark registration:

- 1. Mark to be cancelled: _____
- 2. Registration Number: _____
- 3. Date of Registration: _____
- 4. Signature of Owner(s):

Owner's Signature	Co-Owner's Signature, if any
Typed or Printed Name of Person Signing Above	Typed or Printed Name of Person Signing Above
Typed or Printed Name of Owner	Typed or Printed Name of Co-Owner

STATE OF _____
COUNTY OF _____

Sworn to and subscribed by me on n this ____ day of _____, 20____, _____,
(Name of Individual Signing)

personally appeared before me, who is/are personally known to me or whose
identity (ies) I proved on the basis of _____.

(Seal)	Notary Public's Signature
	Notary Public's Printed Name

My Commission Expires: _____

(Attach additional sheet if necessary)

Filing Fee: \$50.00
Certified Copy (optional): \$52.50