## **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: (Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$50.00 Filing Fee □ \$102.50 Filing Fee and Certified Copy STREET ADDRESS: MAILING ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 CR2E077 (1/11)

## 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	
	· · · · · · · · · · · · · · · · · · ·
(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	