703000000499

questor's Name)		
dress)		
dress)		
y/State/Zip/Phone	e #)	
☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certificates	s of Status	
Special Instructions to Filing Officer:		
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates	

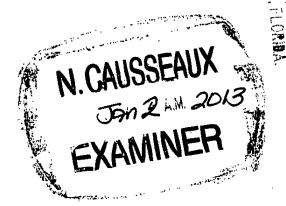
Office Use Only



700242947567

RENEWAL 12/28/12--01010--013 **36.25

-703-499 V



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SGA
(Name of Mark Registered)
Dear Sir or Madam:
The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cliff Strickland Sr.
(Name of Person)
Strickland General Agency of FL, Inc.
(Firm/Company)
15050 Ray Vieta Driva Suita225
15950 Bay Vista Drive Suite235
15950 Bay Vista Drive Suite235 (Address)
(Address)
(Address) Clearwater, FL 33760
(Address) Clearwater, FL 33760 (City/State and Zip Code)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(<u>NOTE</u>: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

CR2E005 (1/11)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations
Strickland General Agency, Inc.	P.O. Box 6327 Tallahassee, FL_32314
4800 River Green Pkwy	Tallallassec, 11,323142
Duluth, GA 30096	
<u> </u>	
1) Mark Registered: SGA	0000 499
2) Registration Number: 70300	0000 499
	al Date: 04-29-2013 5.) Class(es) Filed: 36
•	5.071, Florida Statues. Below you must state the mark is still in nuse is not due to any intention to abandon the mark. USE in FL
•	ring actual use of the mark is included with this application.
8) If applicant is a business entity, enter the s	tate of incorporation/formation/organization: FL
	Cliff Strickland Sr.
	Typed or Printed Name of Owner
	MI Sm
TATE OF	Owner's Signature or Authorized Person's Signature
COUNTY OF	
worn to and subscribed before me on this <u>19</u>	day ofday of
who is personally known to me whose is	dentity I proved on the basis of
(Seal)	Notary Public's Signature
,	TIM HALER
Fee: \$87.50 Per Class Certificate of Renewal: \$8.75 (Optional) CR2E005 (1/11)	Notary Public's Printed Name HALE

OFFICIAL SPECIMEN



STRICKLAND GENERAL AGENCY, INC.

NEIL H. STRICKLAND President

4800 River Green Pkwy P.O. Box 4084

Duluth, GA 30096-4084

Office: 678-259-3700

800-825-5742 Fax: 678-259-3701

Direct: 678-259-3710 E-Mail: nstri

E-Mail: nstrickland@sgainga.com

"PROFESSIONAL INSURANCE WHOLESALER"

