7/300000/063

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800411498758

-- ****** 07/05/23--01043--001 ******87.50

K. SALY JUL - 7 2023

LIVINGSTON LAW, P.A.

PATENT ◆ TRADEMARK ◆

COPYRIGHT • FRANCHISE

Edward M. Livingston*

P.O. Box 110340 Naples, FL 34108

Offices: Naples, Fort Myers and Sarasota

*Registered U.S. Patent Attorney

Telephone: 239-262-8502 Facsimile: 239-261-8332 Toll Free: 800-548-4332 Email: Ed@lliplaw.com

WE PROTECT YOUR CREATIVITY*
www.lliplaw.com

June 27, 2023

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

Re:

Renewal of Registration of a Servicemark Mark: "FAMILIA INSURANCE AGENCY" Applicant: FAMILIA ENTERPRISES, INC.

Our File No.: 23-10627

Dear Sir or Madam:

Enclosed find the original and one copy of an application for the renewal of registration of above referenced mark an applicant. Attached to the application is one (1) specimen showing use of the mark. Also enclosed is a check in the amount of \$87.50 to cover the filing fee for one (1) class.

Please forward the filing receipt and any correspondence with regard to this Application to the undersigned.

Thank you very much for cooperation in this matter. Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Edward M. Livingstor

Enclosures: Cover Letter, Servicemark application; Specimen (1); and Check

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	FAMILIA INSURANCE A	AGENCY	
		(Name of M	Mark Registered)
Dear Si	r or Madam:		
The end	closed Mark Renewal Applicati	ion, specim	en and fee(s) are submitted for filing.
Please r	eturn all correspondence conce	erning this r	matter to the following:
EDWA	RD M. LIVINGSTON, ESQ.		
	(Name of Person)	
LIVING	STON LAW, P.A.		
	(Firm/Company)		
P.O. BO	X 110340		
•	(Address)		
NAPLES	S, FL 34108		
	(City/State and Zip Co	ode)	
For furtl	her information concerning this	s matter, ple	ease call:
ED LIVI	NGSTON	239 at (262-8502)
~	(Name of Person)	_	a Code & Daytime Telephone Number
Registra Division The Cen 2415 N.	T/COURIER ADDRESS: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, Florida 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	CERTIFICATE		G FEE: \$87.50 per class EWAL: \$ 8.75 (OPTIONAL)

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

CP25005 (1/20)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations P.O. Box 6327				
FAMILIA ENTERPRISES, INC.	Tallahassee, FL 32314				
3055 MICHIGAN AVE., KISSIMMEE, FL 34744	1) Mark Registered: FAMILIA INSURANCE AGENCY				
	+ DEDIGN				
2) Registration Number: T13000001063					
3) Date Filed: 10/30/2013 4.) Re	Date Filed: 10/30/2013 4.) Renewal Date: 5.) Class(es) Filed: 36				
in Florida or state the reason for its no	495.071, Florida Statues. Below you must state the mark is still in use nuse is not due to any intention to abandon the mark.				
THE MARK IS STILL IN USE IN FLORIDA	A				
	howing actual use of the mark is included with this application. he state of incorporation/formation/organization: FLORIDA				
Fee: \$87.50 Per Class	FAMILIA ENTERPRISES, INC.				
Certificate of Renewal: \$8.75 (Optional)	Typed or Printed Name of Owner				
Texas STATE OF F LORIDA COUNTY OF <u>Kendall</u>	Owner's Signature or Authorized Person's Signature				
Sworn to (or affirmed) and subscribed before a (numeric date) this day of	me by means of physical presence or online notarization, this June .2023, by (EDWARD M. LIVINGSTON) month year name of person making statement				
MARK E POPE NOTARY PUBLIC STATE OF TE MY COMM. EXP. 05-29/200 NOTARY ID 12491487-0					
Personally Known 🔲 OR Produced Identifica	ation				
Гуре of Identification Produced:	ation				
CR2E005 (1/20)					



REQUEST A QUOTE



(https://www.familiainsuranceagency.com) CLICK TO CALL (TEL:407-847-8007)

EMAIL AN AGENT

MY ACCOUNT

Familia Insurance Agency

GET DIRECTIONS (HTTPS://GOO.GL/MAPS/BRGFAEBX95U)

