## T1400000860

(December 1 No. 1)
(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
(Only, State) Ziph, Hone "y
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(Business Entity Name)
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## **COVER LETTER**

Division of Corporations		
PODS SUBJECT:		
	Name of Mark Registered)	
Dear Sir or Madam:		
The enclosed Mark Renewal Application	on, specimen and fee(s) are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
Joseph Diamante & Claire Gibson		
(Name of Person)		
DUNLAP BENNETT & LUDWIG PLLC		204 JUL 15 MH 1: 23
(Firm/Company)		
1250 Broadway 36th Floor		· · · · · · · · · · · · · · · · · · ·
(Address)		
New York, NY 10001		
(City/State and Zip Coo	de)	
For further information concerning this	matter, please call:	
Keila Ujueta	571 252-3312 at ()	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

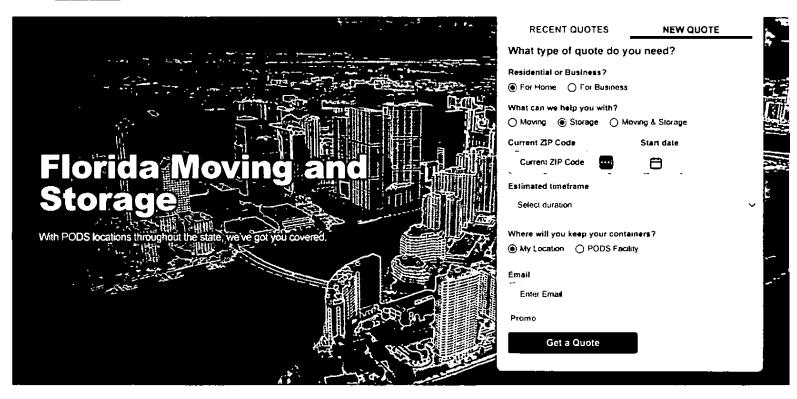
FILING FEE: \$87.50 per class CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(<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 (1/20)

## MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations
PODS ENTERPRISES, LLC	P.O. Box 6327 منظم المسلم الم
13535 FEATHER SOUND DRIVE, 4TH FLOOR	1) Mark Registered: PODS
CLEARWATER, FL 33762	
2) Registration Number: T14000000860	
3) Date Filed: 08/04/2014 4.) Renew	val Date:
	5.071. Florida Statues. Below you must state the mark is still in use is not due to any intention to abandon the mark.
The mark PODS is still in use in Florida.	
	ving actual use of the mark is included with this application.  State of incorporation/formation/organization:
	PODS ENTERPRISES, LLC
Fee: \$87.50 Per Class Certificate of Renewal: \$8.75	Typed or Printed Name of Owner
(Optional)	
	Owner's Signature or Authorized Person's Signature
STATE OF FLORIDA	Owner's Signature of Authorized Person's Signature
COUNTY OF PINELLAS	
Sworn to (or affirmed) and subscribed before me (numeric date) this 26th day of Ju	by means of physical presence or online notarization, this ne2021 by ( Lackwood Gray )
numeric date	month year name of person making statement
JOSEPH GUERRINI	
Notary Public - State of Florida Commission # HH 078557  OF NO My Comm. Expires Feb 20, 2025	Notary Public's Signature
Bonded through National Notary Assn.	Joseph Guerrini
	Notary Public's Printed Name
Personally Known OR Produced Identification	on
Type of Identification Produced:	
CR2E005 (1/20)	



## Florida Moving Services And Storage Facilities

ALTAMONTE SPRINGS	APOPKA	ATLANTIC BEACH
AVENTURA	BAYMEADOWS	CITRUS PARK
CLAREMONT	CORAL SPRINGS	DAYTONA
DELRAY BEACH	DOCTOR PHILLIPS	DORAL
FORT LAUDERDALE	JACKSONVILLE	KISSIMMEE
LAKE MARY	LAKE WORTH	LAND O' LAKES
LUTZ	MELBOURNE	MIAMI
NEPTUNE BEACH	NOCATEE	OCALA-GAINESVILLE
ODESSA	OLDSMAR	ORLANDO
PALM BEACH	PENSACOLA	POLK COUNTY

