

T15000000356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

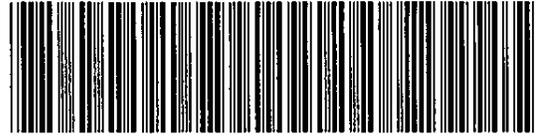
(Business Entity Name)

(Document Number)

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Vol Cancellation

T15-356

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2015
N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stonegate Bank Design of square composed of nine boxes
(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:

Gerald Oliver
(Contact Person)

Stonegate Bank
(Firm/Company)

400 N. Federal Hwy.
(Address)

Pompano Beach, FL 33062
(City, State and Zip Code)

For further information concerning this matter, please call:

Gerald Oliver at (954) 315-5514
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$50.00 Filing Fee (Previously Received) \$102.50 Filing Fee and Certified Copy

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 4, 2015

GERALD OLIVER, DIRECTOR OF REGULATORY AFFAIRS
STONEGATE BANK
P.O. BOX 10069
POMPANO BEACH, FL 33061

SUBJECT: STONEGATE BANK & DESIGN OF SQUARE COMPOSED OF NINE
BOXES
Ref. Number: T15000000356

We have received your document for STONEGATE BANK & DESIGN OF
SQUARE COMPOSED OF NINE BOXES and your check(s) totaling \$50.00.
However, the document has not been filed and is being retained in this office for
the following:

We are enclosing the proper form(s) with instructions for your convenience.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if
the applicant fails to reply or resubmit the corrected/amended application within
three months from date of this letter.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 015A00011724

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: Stonegate Bank + Design of square composed of nine boxes
- 2. Registration Number: T15 000 000 356
- 3. Date of Registration: March 27, 2015

4. Signature of Owner(s):

Gerald W. Oliver
Owner's Signature

Co-Owner's Signature, if any

Gerald W. Oliver
Typed or Printed Name of Person Signing Above

Typed or Printed Name of Person Signing Above

Gerald W. Oliver
Typed or Printed Name of Owner

Typed or Printed Name of Co-Owner

STATE OF Florida

COUNTY OF Broward

Sworn to and subscribed by me on n this 16th day of June, 2015, Gerald Oliver
(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 _____



Korianne M. Smith
Notary Public's Signature

Korianne M. Smith
Notary Public's Printed Name

My Commission Expires: March 12, 2016

(Attach additional sheet if necessary)

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

FILED
15 JUN 18 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA