

T19000000563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

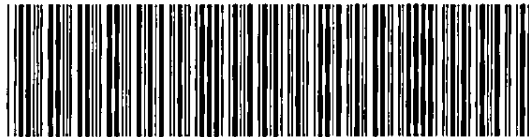
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 17 PM 4:40

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCONUT POINT DENTAL CARE & Design

(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:

Amy Olsen

(Name of Person)

Heartland Dental, LLC

(Firm/Company)

1200 Network Centre Drive

(Address)

Effingham, IL 62401

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Olsen

(Name of Person)

at (217) 606-5867

(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)

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

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Heartland Dental, LLC
1200 Network Centre Dr., Effingham, IL 62401

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

1) Mark Registered: COCONUT POINT DENTAL CARE
& Design _____

2) Registration Number: T19000000563

3) Date Filed: 04/30/2019 4.) Renewal Date: 04/30/2024 5.) Class(es) Filed: 44

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

The mark is still in use in Florida.

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: Delaware

Fee: \$87.50 Per Class
Certificate of Renewal: \$8.75
(Optional)

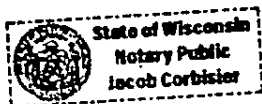
Heartland Dental, LLC

Typed or Printed Name of Owner

Amy Olsen
Owner's Signature or Authorized Person's Signature

STATE OF WISCONSIN
COUNTY OF ST. CROIX

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this (numeric date) this 8 day of April, 2024, by (Amy Olsen).



Jacob Corbister
Notary Public's Signature
Jacob Corbister
Notary Public's Printed Name

Personally Known OR Produced Identification

Type of Identification Produced: Drivers License

CR2E005 (1/20)

FILED
2024 APR 17 PM 4:40
TALLAHASSEE, FLORIDA

COCONUT POINT
DENTAL CARE

Make an Appointment

Welcome to
**Coconut Point
Dental Care**

Make an Appointment

239-908-0486

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