

724000000893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROOFPANTIES.COM

(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:

Jessenia Magua

(Contact Person)

(Firm/Company)

8884 Royal Palm Blvd

(Address)

Coral Springs, FL 33065

(City, State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Jessenia Magua

at (954) 789-3650

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$50.00 Filing Fee

☐ \$102.50 Filing Fee and Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: PROOFPANTIES.COM
2. Registration Number: T24000000893
3. Date of Registration: 08/07/2024

4. Signature of Owner(s):

Jessenia Magua
Owner's Signature

Co-Owner's Signature, if any

Typed or Printed Name of Person Signing Above

Jessenia Magua

Typed or Printed Name of Person Signing Above

Typed or Printed Name of Owner

Typed or Printed Name of Co-Owner

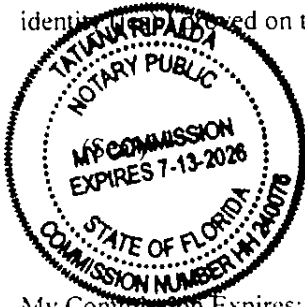
STATE OF Florida

COUNTY OF Broward

Sworn to and subscribed by me on n this 11th day of April, 20 25, Jessenia Magua
(Name of Individual Signing)

personally appeared before me, ☒ who is/are personally known to me or ☐ whose

identity is proved on the basis of _____



Tatiana Ripalda
Notary Public's Signature

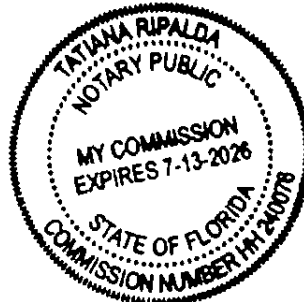
Tatiana Ripalda
Notary Public's Printed Name

My Commission Expires: 07/13/2024

(Attach additional sheet if necessary)

Filing Fee: \$50.00

Certified Copy (optional): \$52.50



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TALLAHASSEE, FL