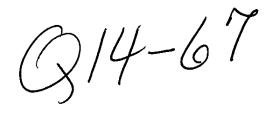
## Q1400000067

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

Office Use Only



300261744893



06/27/14--01032--011 \*\*87.50

FILED

14 JUN 27 PM 12: 30

SEDVENING OF STATE
SEDVENING OF STATE

JUN 27 2014 N. CAUSSEAUX

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

## PARTI

Name and business address of nonresident:	David Burton Guest
	358 Joe Buchanon Rd.
	Plains, 64 31780
	119011111111111111111111111111111111111
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	
2. The name and Florida street address of the remay be served in accordance with section 487.0-	
<u> </u>	<u> </u>
	, FL
Having been named as registered agent upon we behalf of the undersigned, I hereby accept the agent this capacity.	
Registered Agent's signature:	· 55
3. I, Auf the Survey of State as my registered agent in accordance with section 487.047(2), Fjorida S	
Nonresident's signature:	B. Aust
PAR	RT II
I hereby acknowledge this document is being sur registered office pursuant to section 487.047, Flo	orida Statutes.
Nonresident's signature:	2 Local
Date:	25-14
FEES: \$35.00 - REGISTERED AGENT \$52.50 - CERTIFIED COPY FEE \$87.50 - TOTAL DUE	
(MAKE CHECK PAYABLE TO: FLORI	DA DEPT. OF STATE)
SUBMIT DOCUMENT AND CHECK DIVISION OF CORP P.O. BOX 6327 TALLAHASSEE, FL	ORATIONS

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.