0250000000026

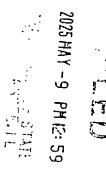
(Re	equestor's Name)	-
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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M. SOLOMON MAY _ 9 2025

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

	PARTI		1	
1, Name and	business address of nonresident: Bryer David Brothers Farms	Who	te	
972 Hu	NA 3710			
Lake Po	UK. GA 31434	: .;	2025	_
(COMPLETE	EITHER #2 <u>OR</u> #3 - NOT BOTH)		HAY -9	
	and Florida street address of the registered agent upon whom d in accordance with section 487.047, Florida Statutes is:	ı service o	of peo	ess
			59	
	, FL			
3. I, Dry Florida Secre	estered Agent's signature:, a nonresident, here tary of State as my registered agent upon whom service of programming with section 487.047(2), Florida Statutes.	eby appoi ocess may	 nt the / be se	erved
Nonr	esident's signature:			
	PARTII			
registered offi	owledge this document is being submitted to designate a regisice pursuant to section 487.047, Florida Statutes.	stered age	ent and	1a
	Date: OSlocianas			
	FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE)		
	(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)			
	SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAMASSEE FL 32314			

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