

Q-090000000012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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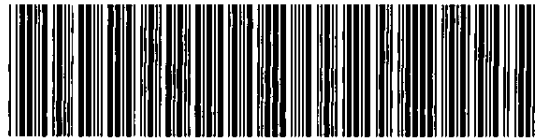
(Business Entity Name)

(Document Number)

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Power of Atty ✓

William Thomas  
McKenzie, Jr.

N. CAUSSEAU

MAR 11 2009

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR -6 PM 3:56

FILED

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

**PART I**

1. Name and business address of nonresident: William Thomas McKenzie, Jr.

% McKenzie General Partnership  
17558 Greeno Road  
Fairhope, AL 36532

**(COMPLETE EITHER #2 OR #3 - NOT BOTH)**

2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, FL. \_\_\_\_\_

*Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.*

Registered Agent's signature: \_\_\_\_\_

3. I, William Thomas McKenzie, Jr., a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.

Nonresident's signature: William T. McKenzie, Jr.

**PART II**

*I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.*

Nonresident's signature: William T. McKenzie, Jr.

Date: 2-12-09

<b>FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)</b>
<b>\$52.50 - CERTIFIED COPY FEE (REQUIRED)</b>
<b>\$87.50 - TOTAL DUE</b>
<b>(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)</b>
<b>SUBMIT DOCUMENT AND CHECK TO:</b>
<b>DIVISION OF CORPORATIONS</b>
<b>P.O. BOX 6327</b>
<b>TALLAHASSEE, FL 32314</b>

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