

Q09000000082

(Requestor's Name)



**DUKE'S
ROOT CONTROL, INC.**

The Full - Service Root Control Experts

1020 Hiawatha Blvd., West
Syracuse, NY 13204-1131

(City/State/Zip/Phone ...)

PICK-UP

WAIT

MAIL

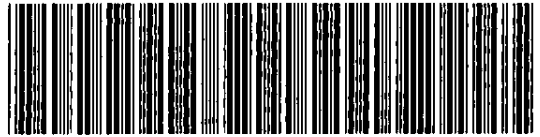
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/09--01030--005 **35.00

Powers of Atty
Laras A Roberts
Q09-82

09 DEC 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
A NONRESIDENT RESTRICTED-USE PESTICIDES LICENSEE**

Lavar A Roberts **PART I**

1. Name and business address of nonresident:

C/O Duke's Root Control, Inc.
1020 Hiawatha Blvd W
Syracuse NY 13204

(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, Lavar A. Roberts, 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: 

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: 

Date: 12/16/09

**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
TALLAHASSEE, FL 32314**

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

FILED
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TALLAHASSEE, FLORIDA