2100000000013

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

Office Use Only



800168075238

Power of Atty

Evan Van Mete

N. CAUSSEAUX

FEB 9 2010

EXAMINER

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

	PARTI	
1. Name and	ht Vegetation Management, LLC & LOSSO Birmingham, AL 35202	26,
1/2 Bootrick	ht Vacatation Management IIC	Y .
Do Bi	1058 Birnels-ham 11 35202	2
ro Dok	100 86 DIVINITATION, HE DONCA	7
		The same
(COMPLETE	EITHER #2 <u>OR</u> #3 - NOT BOTH)	70
	and Florida street address of the registered agent upon whom service of proceed in accordance with section 487.047, Florida Statutes is:	cess
	, FL	_
	named as registered agent upon whom service of process may be served on	
 behalf of the u in this capacity 	undersigned, I hereby accept the appointment as registered agent and agree in	to act
•		
	stered Agent's signature:	
3. 1, Eye	tary of State as my registered agent upon whom service of process may be s	onvari
in accordance	with section 487.047(2) Florida Statutes.	C. F.C.
Nonre	esident's signature: 70-11/15-	
, , , , , ,		
	PARTII	
	owledge this document is being submitted to designate a registered agent an	id a
•	ice pursuant to section 487,047, Florida Statutes.	
Nonre	esident's signature: W- //- NX-	,
	Date: 1/29/2010	
	FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)	
	\$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE	
	(MARE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)	
	SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS	
	P.O. BOX 6327 TALLAHASSEE, FL 3/314	

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

INHSE30(6/82)