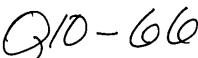
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(Requ	iestor's Name	)	
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Juan Manuel Gonzalez Aguilar



N. CAUSSEAUX
JUL 1 3 2010

**EXAMINER** 

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

	PARTI	75 5		
1.	Name and business address of nonresident:	ECELLA ECELLA		
.,— <u>.</u>	Juan Manuel Gonzalez Agrillar	7		
$\mathcal{F}$	O Pax 1120	<del></del>		
1	Yarshall, AR 78650	<u> </u>		
(,C	OMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	ATE ORIDA		
2.	The name and Florida street address of the registered agent upon whom sermay be served in accordance with section 487.047, Florida Statutes is:	vice of process		
	, FL			
be in 3.	Registered Agent's signature:  I,, a nonresident, hereby accept the appointment as registered agent a chalf of the undersigned, I hereby accept the appointment as registered agent a chalf of the undersigned, I hereby accept the appointment as registered agent agent as registered agent, hereby a corida Secretary of State as my registered agent upon whom service of process.	and agree to ag		
	accordance with section 487.047(2), Florida Statutes.	·		
Nonresident's signature: <u>Juan Manuel Congalog Aguilor</u>				
	PARTII			
	nereby acknowledge this document is being submitted to designate a registere gistered office pursuant to section 487.047, Florida Statutes.	d agent and a		
	Nonresident's signature:			
	Date: 1-07-2010-	<u> </u>		
	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 & CONSUMER SERVICES.