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• •
(Requestor's Name)
(Address)
(Address)
(City/Chata / Zin/Chan 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Enally Hame)
(Document Number)
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SECRETARIANSSEE, FLORE

N. CAUSSEAUX

OCT 18 2011

EXAMINER

DESIGNATION OF REGISTERED AGENT AND REGISTERED A NONRESIDENT RESTRICTED-USE PESTICIDE L	
A HOMILLOIDEM RESIMISTED COET ESTICIBLE	30 J
PARTI	F. 9
	至6
Name and business address of nonresident:	3 × 5
Chillointanence Equeers	SER
ON THE CONTRACTOR	
C10 3W Terr	
Flomestead FL 33034	
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	
The name and Florida street address of the registered agent upon whor may be served in accordance with section 487.047, Florida Statutes is:	n service of process
, FL.	
behalf of the undersigned, I hereby accept the appointment as registered agin this capacity. Registered Agent's signature:	gent and agree to act
3. I, A nonresident, her Florida Secretary of State as my registered agent upon whom service of proin accordance with section 487.047(2), Florida Statutes	eby appoint the ocess may be served
Nonresident's signature:	
PARTII	
I hereby acknowledge this document is being submitted to designate a regi registered office pursuant to section 487.047, Florida Statutes.	stered agent and a
Nonresident's signature	
Date: 10-//-//	
FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRE \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE	
	D)
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)	D)

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