

Q12000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

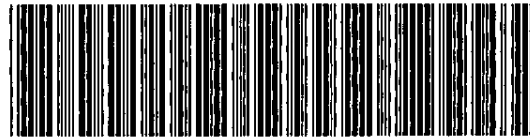
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Dennis B Nail ✓

Q 12-6

02/06/12--01021--030 **87.50

FILED
12 FEB -6 AM 10:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N. CAUSSEAU
FEB 8 2012
EXAMINER

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

PART I

1. Name and business address of nonresident:

DENNIS B. NAIL PO. BOX 1596 Reidsville GA. 30453
TRS AG SERVICES LLC, PO. Box 70
Belle Glade FL. 33430

(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.

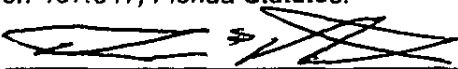
Registered Agent's signature: _____

3. I, DENNIS B. NAIL, 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: 1-31-2012

**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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 FEB - 10 AM 10:34
FILED

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