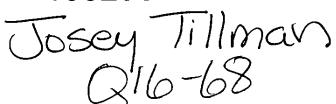
80000001D

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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SEP 19 2016 N. CAUSSEAUX

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

PARTI

1. Name and business address of nonresident: 50sey Tillman)
The Golf Club at Summerbrooke	
7505 Preservation Rd Tallahassee	FL 32312
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	6 SEP
2. The name and Florida street address of the registered agent upon whom seemay be served in accordance with section 487.047, Florida Statutes is:	rvice of process.
	25 2
, FL.	<u> </u>
Having been named as registered agent upon whom service of process may be behalf of the undersigned, I hereby accept the appointment as registered agent in this capacity. Registered Agent's signature:	
T. 11	
3. I, <u>Josey Jillhan</u> , a nonresident, hereby Florida Secretary of State as my registered agent upon whom service of proces	appoint the
in accordance with section 487.047(2), Florida Statutes.	is may be served
Nonresident's signature:	
PARTII	
I hereby acknowledge this document is being submitted to designate a registered registered office pursuant to section 487.047, Florida Statutes.	ed agent and a
Nonresident's signature:	
Date:	
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	

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

TALLAHASSEE, FL 32314