(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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N. CAUSSEAUX OCT - 5 2016

HASSEF, FLORIC

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

PARTI

1. Name and business address of nonresident: $\forall uRI$ $\beta \epsilon$	FRANOUSKY
DBA FERNWOOD FARM	
2135 FERNWOOD LANE LABE	LLE FL 33935
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	
2. The name and Florida street address of the registered agent upon who may be served in accordance with section 487.047, Florida Statutes is: REGISTERED AGENTS INC.	nom service of process $F11-2382$
3030 N. ROCKY POINT DR STE 150A	
<u>TAMPA</u> , FL. 3	3607
Having been named as registered agent upon whom service of process behalf of the undersigned. I hereby accept the appointment as registered in this capacity. Registered Agent's signature:	
3. I,, a nonresident, if Florida Secretary of State as my registered agent upon whom service of in accordance with section 487.047(2), Florida Statutes.	hereby appoint the process may be served
Nonresident's signature:	
PARTII	3 3
I hereby acknowledge this document is being submitted to designate a registered office pursuant to section 487.047, Florida Statutes.	egistered egent and
Nonresident's signature:	97
Date: 09.28.2016	24 C
Date: 09.28.2016 FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUISED)	
Date: 09.28.2016 FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUISED) \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE	

INHSE30(6/92)