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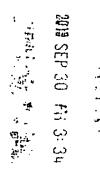
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SEP 30 2019 M. SOLOMON



September 18, 2019

GEORGE BROOKS GARLAND PO BOX 10 LEE, FL 32059 US

SUBJECT: GEORGE BROOKS GARLAND

Ref. Number: W19000084609

We have received your document for GEORGE BROOKS GARLAND and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We can only file the Designation of Registered Agent and Registered Office for non Florida residents. There are two addresses listed. We cannotfile with the Florida address. If you are in Georgia and need to file this form for the Florida Department of Agriculture, then please remove the Florida address. If you are unsure, please contact the Florida Department of Agriculture to see if you need to file this form.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor
Letter Number: 719A00019325



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

PARTI

Name and b	ousiness address of no	nresident:	- 78	31 0. 6/20	87
Gesige	Brooks Garla	ing	11	ildosta be	7/601
	· ,			100542, 00°	31001
		<u> </u>		Home	
(COMPLETE E	EITHER #2 <u>OR</u> #3 - NO	от вотн)			
2. The name a may be served	nd Florida street addre in accordance with se	ess of the regis ction 487.047,	stered agent u Florida Statul	pon whom servic les is:	e of process
			, F	L	
behalf of the un in this capacity Regist	ered Agent's signature	ecept the appo	intment as re	gistered agent ar	nd agree to act
in accordance	ry of State as my regis with section 487.047(2	stered agent u e), Florida Stati	utes.	vice of process i	nay be served
Nonre	sident's signature:	PARTI		7 Agrayo	
I hereby ackno registered offic	wledge this document e pursuant to section 4	is being subm 487.047, Florid 4	itted to desigr la Statutes. R /\	nate a registered	agent and a
Nonre	sident's signature:	1 tange	Quioles	/ anland	
	Date:	9/	4/19	<u> </u>	/ _ 2
	FEES: \$35.00 - REGISTE \$52.50 - CERTIFIE \$87.50 - TOTAL D	ED COPY FEE (R BUE	EQUIRED)		# SEP 30

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

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314

SUBMIT DOCUMENT AND CHECK TO:

P.O. BOX 6327

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