Q2100000026

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
	MAIT	MAIŁ
(Bu	siness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
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2021 JUN -4 PH 3: 16

JUN 18 2021 M. SOLOMON

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

1. Name and business address of monresidents Hervarde	2_
TROGREGSIVE SOCHTIONS LLC	
FEAN STATION, TN 37708	
(COMPLETE EITHER #2 OR #3 - NOT BOTH)	11- 42
2. The name and Florida street address of the registered agent upon whom may be served in accordance with section 487.047, Florida Statutes is:	service of process
st.	
behalf of the undersigned, I hereby accept the appointment as registered age in this capacity. Registered Agent's signature: 3. I, SALAS MORALES HERMANDEZ, a nonresident, hereb Florida Secretary of State as my registered agent upon whom service of process.	oy appoint the
in accordance with section 487.047(2), Florida Statutes. Nonresident's signature: SA(A) TORAGE HERNANGE PROPERTY SA(A) TORAGE PROPERTY SA(A) SA(A)	
Грасти	
I hereby acknowledge this document is being submitted to designate a registe registered office pursuant to section 487.047, Florida Statutes.	ered agent and a
Nonresident's signature: Tages Moraces Liernanges	
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 8327 TALLAHASSEE, FL 32314	
NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORID AGRICULTURE & CONSUMER SERVICES.	DA DEPARTMENT OF

INHSE30(6/92)