## 02100000028

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

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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 nonresident:
TRUGRESSIVE SOLUTIONS LLC
529 INPHARIAL DRIVE
7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
BEAN STATION, TN 37708
(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:
- <u>-</u>
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, Reserve Associated Agent's 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: Resenda Antonio Morales
PARTII
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: Rosen de Antonio Hovales
Date: MAY 26, 2021
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

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

P.O. BOX 6327 TALLAHASSEE, FL 32314