

(Rec	questor's Name)	
`	,	
(Address)		
(Address)		
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800402723558

05/08/23--01020--032 \*\*87.50

2023 HAY -8 PH 3: 01

+ 7 2023 , Brumbl<del>=</del>y



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

## PART I

1. Name and business address of nonresident:	RONALD A. TAYLOR IT		
	512 W CAROLYN AVE		
	FOLEY AL 36535		
(COMPLETE EITHER #2 OR #3 - NOT BOTH)	·		
2. The name and Florida street address of the r may be served in accordance with section 487.0	egistered agent upon whom service of process 147, Florida Statutes is:		
Having been named as registered agent upon w behalf of the undersigned, I hereby accept the a in this capacity.	·		
Registered Agent's signature:			
3. I, RONALD A, TAYLOR II. Florida Secretary of State as my registered age in accordance with section 487.047(2), Florida Nonresident's signature:	nt upon whom service of process may be served		
PA	RTII		
I hereby acknowledge this document is being so registered office pursuant to section 487.047, Final Nonresident's signature:  Date: 2-22-3	lorida Statutes		
FEES: \$35.00 - REGISTERED AGENT \$52.50 - CERTIFIED COPY FE \$87.50 - TOTAL DUE			
(MAKE CHECK PAYABLE TO: FLOR	RIDA DEPT. OF STATE)		
SUBMIT DOCUMENT AND CHEC DIVISION OF COR P.O. BOX 6327 TALLAHASSEE, FI	K TO: PORATIONS		

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