## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION 1940 North Monroe Street Tallahassee, FL 32399-0783

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **(850) 487-1395**.

COMPANY INFORMATION			
Company Name		Date of Termination	
License Number		Date Licensed	
Is the company still operational (engaged in ☐ No ☐ Yes - If yes, what type of busine	ess?		
How many leased employees did the ELC	have immedia	ately prior to termination?	
What became of the leased employees? W	/here are they	/ now employed?	
LIABILITIES			
At the time of termination, what were the account balances of the following liabilities?			
Workers' compensation payable:	\$	(include contingent liabilities)	
Insurance premiums payable:	\$		
Federal employment taxes payable:	\$	(federal income withheld, payroll, futa)	
State unemployment taxes payable:	\$		
What were the account balances of other liabilities not included above?			
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Describe how each of the liabilities	in items abov	ve were settled (Please attach response)	

	company ceasing ELC operations was a member, how did this termination financially impact the	er of a Florida licensed employee leasing company remaining group members?	
Who	are the current centrelling persons?		
Name	are the current controlling persons?	License Number	
Pleas	se select one of the following as it relates to t	the current controlling person(s):	
☐ Transfer to another leasing company/group within 90 days of the effective date of termination from present company (notification from new company and controlling person required together with completion of first three pages of controlling person application to show association with new company(s)).			
	Voluntary relinquishing controlling person license (completion of Controlling Person License Relinquishment Agreement form DBPR EL-4513-1 and return of the license is required).		
	Other (please specify):		
an en <b>year</b>	Please attach interim financial statements for the period during which the company ceased to operate as an employee leasing company. (Note: If your company was licensed through the end of its fiscal year and has not submitted an annual report for that year, the annual report is still due within 120 days of the fiscal year end.)		
Pleas	se attach the company(s) license and controlling olling person.	person's license who will no longer serve as a	
I certify that the above information is correct to the best of my knowledge.			
(0	Controlling Person / Title)	(Date)	
<u>-</u> (§	Signature)		

Please send your completed application, documentation and required fee(s) to:

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www.MyFlorida.com