

**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.

AGREEMENT
<p>I, _____, hereby wish to voluntarily relinquish my license as a Florida licensed employee leasing company controlling person, license number CP _____ in association with _____, license number _____.</p> <p style="text-align: center; font-size: small;">(name of company and/or group)</p> <p>By doing so I will cease to practice as an employee leasing company controlling person in the State of Florida.</p> <p>I understand that this document is considered a petition to voluntarily relinquish my employee leasing company controlling person license and will not become effective until presented to, and accepted by, the Board of Employee Leasing Companies at a regularly scheduled meeting. It is further understood that the board's acceptance of the voluntary relinquishment of my controlling person license does not preclude me from future disciplinary action by the board for infractions that occurred during my tenure of employment as a licensed controlling person with the above referenced employee leasing company and/or group.</p>
<p><input type="checkbox"/> My controlling person license is attached.</p> <p><input type="checkbox"/> My controlling person license is not attached. (Please provide an explanation.)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>SIGNED this _____ day of _____, 20____.</p> <p style="text-align: center; margin-top: 20px;">_____ Controlling Person (Please Print)</p> <p style="text-align: center; margin-top: 20px;">_____ Controlling Person (Signature)</p>

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

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www.MyFlorida.com