

**DBPR EL-4514 – Termination of Employee Leasing Company Operations**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
2601 Blair Stone Road  
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.*

<b>COMPANY INFORMATION</b>	
Company Name	Date of Termination
License Number	Date Licensed
Is the company still operational (engaged in business other than employee leasing)? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, what type of business?	
How many leased employees did the ELC have immediately prior to termination?	
What became of the leased employees? Where are they now employed?	
<b>LIABILITIES</b>	
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 above were settled <b>(Please attach response)</b>	



If the company ceasing ELC operations was a member of a Florida licensed employee leasing company group, how did this termination financially impact the remaining group members?

Who are the current controlling persons?

Name	License Number

**Please select one of the following as it relates to 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)**

Please attach the company(s) license and controlling person's license who will no longer serve as a controlling person.

**I certify that the above information is correct to the best of my knowledge.**

\_\_\_\_\_  
(Controlling Person / Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

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

Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, FL 32399-0783

[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)