## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION



1940 North Monroe Street Tallahassee, FL 32399-0783 Customer Contact Center: 850.487.1395 FAX: 850.488.8040

www.MyFloridaLicense.com

OUTOV ACTION(S) PROUESTED	
Transaction Type:  □ Become Active – no charge □ Become Inactive – no charge □ Add/Delete Trade Name – no charge □ Become Sole Proprietor – no charge □ Change Broker/Owner Employer – no charge □ Terminate Employee – no charge □ Add/Delete PA or LLC - \$30.00 fee required □ Request for Multiple License - \$95.00 □ Renew license □ Qualifying Broker (CQ package required) □ Owner/Developer (Forms 2050 & 0080 required)	
ASSOCIATE II	NEODMATION
License Number	Licensee Name
Contact Information (telephone number or E-Mail add	Jraca\
Contact Information (telephone number of E-iviali address)	
BROKER OR ORGANIZ	
Broker License Number	Organization License Number
Broker/Owner Name	
Organization Name	
Trade Name (if applicable)	Contact Info. (telephone number or E-Mail address)
Are you now or with the issuance of this license an officer, director, member, or partner of any corporation, partnership, or L.L.C. which acts as a broker? Yes \(\begin{align*} \Pi \) No \(\begin{align*} \Pi \)	
If yes, please list name of entity	
ATTEST STATEMENT  REQUIRES SIGNATURE OF BROKER AND ASSOCIATE*  (EXCEPT FOR ADD/DELETE PA OR LLC - WHICH MAY BE SIGNED BY THE LICENSEE)  I affirm that I have provided the above information completely and truthfully to the best of my knowledge.	
Broker/Owner Sign Here:	Date:
*Bk Signature not req. for Assoc. ir	nactive status or add/delete PA -LLC
Associate Sign Here:*All Associate requested changes requ	ire signature