

FLORIDA OFFICE OF FINANCIAL REGULATION
Division of Financial Institutions
200 East Gaines Street
Tallahassee, Florida 32399-0371
www.flofr.gov

WRITTEN NOTICE
To Renew Qualification as a
Qualified Limited Service Affiliate
in the State of Florida

Form OFR-U-135R

General Instructions

Qualified limited service affiliates must renew qualification every two years by completing this written notice form and providing all information and exhibits. Qualified limited service affiliates may provide additional information in the form of exhibits when attempting to satisfy any of the renewal of qualification requirements. All information that the qualified limited service affiliate desires to present to support the written notice to renew their qualification must be submitted with the notice. If additional space is needed to complete any information required by this form, attach additional pages and identify the question to which the additional pages pertain.

This written notice will not be deemed complete until the proposed qualified limited service affiliate has provided the OFR with all information required.

WRITTEN NOTICE OF RENEWAL

Director, Division of Financial Institutions
Office of Financial Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0371

Re: Biennial written notice to renew qualification as a Qualified Limited Service Affiliate in the State of Florida

Dear Director _____:

_____, whose
(Qualified Limited Service Affiliate)

principal place of business is _____, and who was
(Address)

originally qualified as a qualified limited service affiliate in the State of Florida on

_____, 20____, hereby seeks to renew its qualification to operate a

qualified limited service affiliate in the State of Florida for the purpose of engaging in such activities as are

permitted by law.

Dated this ____ day of _____, 20____.

(Proposed Qualified Limited Service Affiliate)

By: _____

Title: _____

ACKNOWLEDGMENT

On this _____ day of _____ 20____, before me personally came
_____, who is to me personally known,
or who produced _____ as identification, and who acknowledged
before me that he/she is the _____ of
_____, the
qualified limited service affiliate described herein and which executed the foregoing certificate and that
he/she signed his/her name hereto by like order.

(L.S)

(Signature of Notary Public or other official taking
acknowledgment)

(Title of official taking acknowledgment)

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.

REQUIRED INFORMATION AND ATTACHMENTS
Form OFR-U-135R

1. The legal name of the qualified limited service affiliate is:

_____.

2. The physical location of the principal place of business of the qualified limited service affiliate is:

(Street Address)

(Post Office Address)

(City)

(County)

Florida, _____

(Zip Code)

3. The mailing address of the qualified limited service affiliate, if different from the above, is:

(Street Address)

(Post Office Address)

(City)

(County)

Florida, _____

(Zip Code)

4. The telephone number of the qualified limited service affiliate is: (_____)_____.

5. Provide the name, address, email address, and telephone number of the contact person or correspondent for this notice.

6. The following is a complete list of the names and titles of the qualified limited service affiliate's current directors, executive officers, principal shareholder, managers, managing members, or those in equivalent positions.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Provide a copy of a Certificate of Status from the Florida Department of State.

8. If applicable, provide the date of the last renewal of qualification.

9. **Provide a completed declaration under penalty of perjury, as attachment 9(a), signed by the executive officer, manager, or managing member of the proposed qualified limited service affiliate.**

10. **Present any updates or other changes in information which were not previously provided in either the initial written notice of qualification or in any subsequent qualification renewals, or which were not previously disclosed to the OFR.**

Attachment 9(a) to Form OFR-U-135R
DECLARATION OF EXECUTIVE OFFICER, MANAGER, OR MANAGING MEMBER

Pursuant to Section 663.539, Florida Statutes, this declaration must be completed by an executive officer or managing member of the proposed qualified limited service affiliate.

The undersigned hereby declares under penalty of perjury that to the best of their knowledge, the qualified limited service affiliate named in the attached written notice is operating in compliance with Part IV, Qualified Limited Service Affiliates of International Trust Entities, of Chapter 663, Florida Statutes, and that the information submitted within this notice for the purposes of renewal is true and correct.

Signature: _____ Date: _____

Name: _____

Title at Proposed Qualified Limited Service Affiliate: _____

STATE OF _____

COUNTY OF _____

On this _____, day of _____, 20____, before me, the undersigned notary, personally appeared _____ (name), who ___ is personally known to me or ___ proved to me through the following identification:

_____ to be the person who signed the preceding document in my presence and who affirmed to me that the statement and contents of the document are truthful and accurate to the best of ___ his or ___her knowledge and belief.

Signature of Notary Public or other official taking the acknowledgment

L.S./
Notary Seal:

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.