



## NON-ACTIVE MEMBER AFFIDAVIT (CORPORATION/LIMITED LIABILITY COMPANY)

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:  
(Print Name)

As a member (Office, Director, and/or Registered Agent) of \_\_\_\_\_  
(Corporation/Limited Liability Company Name)

that is the owner of \_\_\_\_\_  
(Child Care Facility/Home Name)

I affirm and attest under penalty of perjury that I have a non-active role at the child care program.

I understand that a non-active corporate or limited liability company member means an individual who does not have contact with the children, does not go onsite of the program operation during operating hours, and whose role does not involve the day-to-day operation of the child care program.

Further, I understand that I must immediately notify the licensing authority at any time in the future my role changes to an active role and complete background screening pursuant to s. 402.302, 402.305, and 402.3055, Florida Statutes.

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification  
Type of identification produced: \_\_\_\_\_