

## Space Coast Association of REALTORS®, Inc.

2950 Pineda Plaza Way Palm Shores, FL 32940 Phone: 321-242-2211 Fax: 321-255-7669



## Limited Function Referral Office (LFRO) Certification Form

**To Designated REALTORS®**: Please complete the following and return to the association office no later than **September 3, 2025**.

In accordance with <u>Article XI Section 2, A, 1</u> of the association's Bylaws, this will certify that the undersigned Designated REALTOR® (or their firm) has a direct or indirect ownership interest in an entity engaged exclusively in soliciting and/or referring clients and customers to the REALTOR® for consideration on a substantially exclusive basis. This will also certify that all of the licensees affiliated with that entity (list provided below) are solely engaged in referring clients and customers and are not engaged in listing, selling, leasing, renting, managing, counseling or appraising real property. The Designated REALTOR® (or appointed designee) shall notify the association within three (3) days of any change in status of licensees in a referral firm.

Agent Name	<u>License Number</u>
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the individual being engaged in real estate licer	e certification form shall automatically be revoked upon nsed activities (listing, selling, leasing, renting, managing, han referrals, and dues for the current fiscal year shall be
Certified by (Designated REALTOR®)	Date
	rint or Type Name)
Signature of Designated REALTOR® (or appointed	ed Designee)
E-mail Address	Phone:
Name of Firm	
Firm Address:	

Revised: 7/09/2025