

Permit No. _____

Tax Folio No. _____

NOTICE OF TERMINATION OF NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

THE UNDERSIGNED hereby gives notice of termination of the Notice of Commencement recorded in Official Records Book _____ Page _____ the public records of _____ County, Florida. The Notice of Commencement is terminated as of the _____ day of _____, _____, _____ or thirty days after this Notice of Termination of Notice of Commencement is recorded, whichever is later. This Notice applies to: all of the real property described in paragraph 1 or that part of the real property described as follows:

(insert legal description of property and street address, if available)

All lienors have been paid in full.

The Owner, before recording this Notice of Termination of Notice of Commencement, served a copy on the Contractor and on each Lienor giving notice pursuant to Chapter 713, Florida Statutes.

1. Description of property (legal description and address, if available): _____

2. General description of improvement: _____

3. Owner information:
 - a) Name and address: _____

 - b) Interest in property: _____
 - c) Name and address of fee simple title holder (if other than Owner): _____

4. Contractor (name and address): _____

5. Surety: _____
 - a) Name and address: _____

 - b) Amount of bond: \$ _____
6. Lender (name and address): _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13(1)(a)7., Florida Statutes (name and address) _____

8. In addition to himself, Owner designated _____ (name) of _____
 _____ (address) to receive a copy of the Lienor's Notice as provided in section 713.13(1)(b), Florida Statutes.
9. Expiration date of notice of commencement: _____

 (Owner)

By: _____

Print Name: _____

Print Title: _____

Address: _____

STATE OF _____
 COUNTY OF _____

SWORN TO and subscribed before me this _____ day of _____
 _____, by _____ (name), as _____ (title) of _____
 _____ (name of corporation), a _____ (State) corporation, on behalf of the corporation.
 He/She [please check as applicable] /_____/ is personally known to me, or has produced /_____/
 his/her _____ (state) driver's license, or /_____/ his/her _____
 type of identification) as identification.

 (Signature)

 (Printed Name)

NOTARY PUBLIC, STATE OF _____

My Commission Expires: _____

Prepared by:
