

Permit No.: _____

Parcel No.: _____ - _____ - _____ - _____ - _____

TERMINATION OF NOTICE OF COMMENCEMENT

State of Florida
County of Putnam

Recording
Office Use Only

ALL LIENORS HAVE BEEN PAID IN FULL. THE OWNER HAS, BEFORE RECORDING THIS NOTICE OF TERMINATION, SERVED A COPY OF THIS NOTICE OF TERMINATION ON THE CONTRACTOR AND ON EACH LEINOR WHO HAS GIVEN NOTICE. THIS NOTICE APPLIES TO ALL REAL PROPERTY SUBJECT TO THE NOTICE OF COMMENCEMENT OR THAT PORTION THEREOF AS SPECIFIED IN ITEM 1 BELOW.

1. Description of property: _____
(Legal description of the property, and street 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 titleholder (if other than Owner): _____

4. Contractor: a. (name and address): _____

b. Contractor's phone number: _____

5. Surety a. Name and address: _____

b. Phone number: _____ c. Amount of bond: \$ _____

6. Lender: a. (name and address): _____

b. Lender's phone number: _____

7. a. 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): _____

b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes.

b. Phone number of person or entity designated by owner: _____

9. The expiration date of notice of commencement: _____
(The expiration date is 1 year from the date of recording unless a different date is specified)

10. The date of which the notice of commencement is terminated: _____
(This date may not be earlier than 30 days after the recording of this Notice of Termination)

(Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager)

(Signatory's Title/Office)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

By _____ as _____
(name of person) (type of authority e.g. officer, trustee, attorney in fact)

For _____
(name of party on behalf of whom instrument was executed)

(Signature of Notary Public – State of Florida) (Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ___ OR Produced Identification ___ Type of Identification Produced _____

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

(Signature of Natural Person Signing Above)