

NOTICE OF TERMINATION

Building Permit No. _____ Tax Folio No. _____

State of Florida

County of _____

The Undersigned hereby give Notice of Termination of the Notice of Commencement record on _____, 20____, in Official Records Book _____ at Page _____ of the Public Records of _____ County, Florida.

1. **Description of Property** (site address also) _____
2. **General Description of Improvements:** _____
3. **Owner Information:**
 - a. Owner address: _____
 - b. Interest in Property _____
4. **Contractor:** _____
5. **Surety:**
 - a. Name and address _____
 - b. Amount of Bond \$ _____
6. **Lender Information:**
 - a. Name and Address: _____
 - b. Designated Contact: _____
7. Persons within the State of Florida designated by Owner upon whom notices of other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.
Name and Address: _____
8. In addition to himself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.(1)(b), Florida Statutes.
9. Expiration date of Notice of Commencement (the expiration date is One (1) year from the date of recording unless a different date is specified). Expiration date: _____
10. Pursuant of Florida Statutes Section 713.132, the Notice of Commencement is terminated as of the _____ day of _____ 20____ (but no less than days after the Notice of Termination is recorded).
11. This Notice of Termination applies to all real property subject to the Notice of Commencement except: _____
12. To the best of Owner's knowledge, all lienor's have been paid in full. A copy of the Contractor's Affidavit is attached.
13. A copy of this document is being provided to the Contractor and to anyone who had provided Owner of its designee with a Notice to Owner as provided in Florida Statutes Section 713.06(2)(c)(d).

Owner's Name (Print)

Signature of Owner

Owner's Name (Print)

Signature of Owner

State of Florida, County of _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this ____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Notary Public
My Commission Expires: _____