RELEASE OF LIEN

STATE OF FLORIDA

COUNTY OF		
KNOW ALL MEN BY THESE PR	ESENTS:	
THE UNDERSIGNED,		, for and ir
consideration of the sum of \$, paid by	
, the receipt of which		
does hereby waive, release, and quit-claim		
every kind whatsoever against		
undersigned now has or may hereafter have	e, including without limitati	— on that certain
Claim of Lien recorded in Official Record B	ook, Page	, of the Public
Records of County, Florida	against that certain real	estate and the
improvements located thereon, situated in	County, Florida,	and described
as follows:		
The undersigned certifies that all laborate been provided prior to the execution a	and delivery of this document	t.
WITNESS my hand and seal this	day of	,20
	Signature of Lienor	
	Lienor's Address	
	Lienor's Address	
OT A TE OF ELOPIDA		
STATE OF FLORIDA COUNTY OF		
SWORN TO AND SUBSCRIBED be	efore me by	
who is personally known to me or produced		as
identification, and who did execute the above he/she executed the same for the intents an		
My Commission Expires:		
	Notary Public	