

Recording Stamp



TAX ID/PARCEL #:

NOTICE OF TERMINATION

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. **Description of property (legal description):** _____
 - a. Street (job) Address: _____
2. **General description of improvements:** _____
3. **Owner Information**
 - a. Name and Address: _____
 - b. Interest in property: _____
4. **Contractor Information**
 - a. Contractor Name: _____
5. **Surety Information (if applicable, a copy of the payment bond is attached)**
 - a. Name and Address: _____
 - b. Amount of Bond: _____
6. **Lender Information**
 - a. Name and Address: _____
 - b. Designated Contact: _____
7. Person 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:
 - a. Name and Address: _____
8. In addition to him(her)self, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes
 - a. Name: _____
9. Expiration date of Notice of Commencement (the expiration date will be 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 the 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 Printed Name

Owner's Signature

Owner's Printed Name

Owner's Signature

STATE OF FLORIDA COLUMBIA COUNTY

The foregoing instrument was acknowledged before me by means of ☐ physical presence or sworn to (or affirmed) by ☐ online notarization _____ day of _____, _____, by _____
as _____ for _____
DATE MONTH YEAR NAME OF PERSON
TYPE OF AUTHORITY - OFFICER, TRUSTEE, ATTORNEY IN FACT NAME OF PART ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

Personally Known _____ OR Produced Identification _____ Type of ID Produced _____
SEAL/STAMP:

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

Published 10/2025