

**Prepared by, recording requested by and
return to:**

Space above this line for recorder's use only

RELEASE OF LIEN

Fla. Stat. § 713.21

STATE OF FLORIDA

COUNTY OF

Claimant / Lienor	_____
Owner	_____
Releases	Claim of Lien recorded _____
Parcel ID	_____

KNOW ALL PERSONS BY THESE PRESENTS that
_____ ("Claimant"), whose address is
_____, is the claimant under that certain Claim of
Lien recorded on _____ in the official records of _____ County,
Florida, against the real property described below, owned by
_____:

Legal description: _____

Parcel ID: _____

Claimant acknowledges full satisfaction of the claim secured by that lien, and
hereby releases, discharges and cancels the lien and the Claim of Lien of record,
and authorizes and directs the Clerk of the Circuit Court, Official Records to cancel
it of record.

The undersigned lienor hereby releases its claim of lien and directs the Clerk of the Circuit Court to cancel and discharge the Claim of Lien of record in accordance with § 713.21, Florida Statutes.

CLAIMANT:

By (signature)

Date

Printed name

Title

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, _____, by _____ as _____ for _____.

(Signature of Notary Public - State of Florida)

My commission expires

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Notary seal)

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____