

Prepared by and please return to:

Name: _____

Address: _____

Rec. \$ _____

Property Appraiser's Parcel

Doc.St. \$ _____

ID No. _____

QUITCLAIM DEED

[Corporation to L.L.C.]

THIS INDENTURE, made this _____ day of _____, 20_____, between

Grantor: _____,

a corporation organized under the laws of the State of _____ whose street

address is _____ of the

County of _____, State of _____, and

Grantee: _____,

a limited liability company, organized under the laws of the State of _____,

whose street address is _____ of the

County of _____, State of _____

WITNESSETH, that Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00), and other good and valuable consideration to Grantor in hand paid by Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim to Grantee, and Grantee's successors and assigns forever, the following described land, situate, lying and being in

_____ County, Florida, to-wit:

☐ See Legal Description Attached as Exhibit A incorporated by reference as though set forth in full

☐ Legal Description:

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said Grantor, either in law or equity, to the only proper use benefit and behoof the said Grantee forever.

IN WITNESS WHEREOF, said Corporation has caused this certificate to be signed by an authorized officer, the _____ day of _____ A.D., _____.

Signed, sealed and delivered in the presence of:

A Corporation

First Witness Signature

By: _____
Signature

Printed Name

Type or Print Name

Second Witness Signature

Its: _____

Type or Print Name

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, of _____, a _____ (state) corporation, on behalf of the corporation.

Notary Public

(Print, type, or stamp commissioned name of Notary Public)

My commission expires: _____

Personally Known _____

OR Produced Identification _____

Type of Identification Produced: _____

EXHIBIT A

Grantor:

Grantee:

Parcel Identification Number:

Legal Description: