| This document prepared by (and after recording return to): Name: Firm/Company: Address: Address 2: City, State, Zip: Phone: | ng ) ) ) ) ) ) ) ) ) )                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                             | )                                                                                                                                                                                                                      |
|                                                                                                                             | )                                                                                                                                                                                                                      |
| D                                                                                                                           | Above This Line Reserved For Official Use Only                                                                                                                                                                         |
| Property Appraiser Parcel Identification N                                                                                  | Number =                                                                                                                                                                                                               |
|                                                                                                                             | TTCLAIM DEED dividual to LLC)                                                                                                                                                                                          |
| THIS QUITCLAIM DEED, Made the , an Individual, hereing Limited Liability Corporation organized unde "Grantee".              | day of, 20, by after referred to as "Grantor", to, a r the state laws of, hereinafter called                                                                                                                           |
| good and valuable consideration, cash in hacknowledged, does hereby remise, release, as                                     | n consideration of the sum of ten dollars (\$10.00), and other and paid, the receipt and sufficiency of which is hereby and quitclaim unto Grantee the following lands and property, on, lying in the County of, State |
| Describe Property of State "SEE DES                                                                                         | CRIPTION ATTACHED"                                                                                                                                                                                                     |
| Prior instrument reference: Book County, Florida.                                                                           | , Page, Document No, of the Recorder of                                                                                                                                                                                |
| LESS AND EXCEPT all oil, gas and by Grantor, if any, which are reserved by Gran                                             | minerals, on and under the above described property owned ntor.                                                                                                                                                        |
| SUBJECT to restrictions, reservations                                                                                       | s, easements, and covenants of record, reference hereto will                                                                                                                                                           |

| belonging or in anywise appertaining,                                                                   | and all the estate, rig                   | and singular the appurtenances thereuntoght, title interest, lien equity and claim only proper use, benefit and behalf of the |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Taxes for tax year shall be by Grantor and Grantee, or paid by Grantor                                  | e prorated between Cantee, or paid by Gra | Grantor and Grantee as of the date selected antor.                                                                            |
| The property herein conveyed homestead of Grantor and if Grantor is ma                                  |                                           | nomestead of Grantor, or  is part of the s joined by both Husband and Wife.                                                   |
| WITNESS Grantor(s) hand(s) this                                                                         | s the day of                              | , 20                                                                                                                          |
| Signed, Sealed and Delivered in the presence of <i>these Witnesses</i> (one of whom may be the Notary): |                                           |                                                                                                                               |
| Sign:                                                                                                   |                                           |                                                                                                                               |
| Sign:Witness Signature                                                                                  |                                           | Grantor {Type Name}                                                                                                           |
| Printed Name                                                                                            |                                           |                                                                                                                               |
| Sign:Witness Signature                                                                                  |                                           |                                                                                                                               |
| Witness Signature                                                                                       |                                           |                                                                                                                               |
| Printed Name                                                                                            |                                           |                                                                                                                               |
| STATE OF                                                                                                |                                           |                                                                                                                               |
| COUNTY OF                                                                                               |                                           |                                                                                                                               |
|                                                                                                         | e(s)), who is personally                  | this (date), by known to me or who has produced entification.                                                                 |
|                                                                                                         | Notary                                    | Public                                                                                                                        |
|                                                                                                         | Printed                                   | l Name:                                                                                                                       |
| My Commission Expires:                                                                                  |                                           |                                                                                                                               |

| Grantor(s) Name, Address, phone: | Grantee(s) Name, Address, phone: |
|----------------------------------|----------------------------------|
|                                  |                                  |
|                                  | SEND TAX STATEMENTS TO GRANTEE   |
|                                  |                                  |
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