RECORDING TRANSMITTAL COVER SHEET

JOHN A. CRAWFORD
NASSAU COUNTY CLERK OF THE CIRCUIT COURT
76347 VETERAN'S WAY
ATTN: RECORDING DEPARTMENT

YULEE, FL 32097 904-548-4604 or 1-800-958-3496

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| Date |) : | | | | |
| From: | | | | | |
| Company Name: | | | | | |
| Address: | | | | | |
| Phone number: | | | | | |
| Fax: | | | | | |
| PLEASE RECORD THE FOLLOWING DOCUMENTS IN THE | | | | | |
| EXACT ORDER LISTED | | | | | |
| | Oocument Type | Consideration | | Fee amount | # of pages |
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| | | | | Total fees: | |
| Checks must be made payable to Nassau County Clerk of Court | | | | | |
| | Check # | Amount | Special Instructions | | |
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the return of these documents.