

NOTICE OF CONTEST OF LIEN

TO: (Name and address of association) You are notified that the undersigned contests the claim of lien filed by you on _____, (year), and recorded in Official Records Book _____ at Page _____, of the public records of _____ County, Florida, and that the time within which you may file suit to enforce your lien is limited to 90 days from the date of service of this notice. Executed this _____ day of _____, (year).

Signed: (Owner or Attorney)

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public — State of Florida

Personally known/produced Identification

(Seal)

CLERK'S CERTIFICATE OF MAILING

I, Clerk of the Circuit Court of the Eighteenth Judicial Circuit, Brevard County, Florida, certify that a copy of the foregoing Notice of Contest of Lien has been sent by certified mail, return receipt requested, at the address shown in the claim of lien or most recent amendment to it and shall certify to the service on the face of the notice.

	Clerk of the Court By: _____ Deputy Clerk (Court Seal)
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