RECORDING TRANSMITTAL COVER SHEET

JODY PHILLIPS CLERK OF THE CIRCUIT COURT 501 WEST ADAMS ST ROOM 1046 ATTN: RECORDING DEPARTMENT JACKSONVILLE, FL 32202	DATE: _____ FROM: _____ COMPANY NAME: _____ ADDRESS: _____ PHONE NUMBER: _____ FAX: _____
PLEASE RECORD THE FOLLOWING DOCUMENTS IN THE EXACT ORDER LISTED	

DOCUMENT TYPE	CONSIDERATION	NUMBER OF PAGES	FEE DESCRIPTION	FEE AMOUNT
			TOTAL FEES: _____	

CHECKS PAYABLE TO DUVAL COUNTY CLERK OF THE COURT				
Check #		Amount:		Special Instructions
Check #		Amount:		
Check #		Amount:		
Check #		Amount:		
Check #		Amount:		
Check #		Amount:		
Check #		Amount:		