

Prepared by and return to

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RELEASE OF DECLARATION OF RESTRICT COVENANT

This Release of Restrictive Covenants (the "Release") is dated this ____ day of _____, 2010, by
the City of Coral Gables (the "City").

W I T N E S S E T H:

WHEREAS, on March 13, 1974, a Declaration of Restrictive Covenant was recorded in Official Records Book 8623, Page 54 in the Public records of Miami-Dade County, Florida ("Restrictive Covenant"), which imposed a Unity of Title on the following property located within the City:

Lots 8-15 inclusive, Block 6 of Coral Groves according to the Plat thereof as recorded in Plat Book 15, at Page 72, the Public Records of Miami-Dade County, Florida ("Property"); and

WHEREAS, on September 22, 2009, the Coral Gables City Commission passed Resolutions 2009-269 and 2009-270 granting the property owner a final plat approval and approval of a building site separation, separating the property into three separate buildings sites; and

WHEREAS, it is necessary to release the Declaration of Restrictive Covenant to effectuate the separation of the building site and clear the title of the Declaration of Restrictive Covenant; and

WHEREAS, the Restrictive Covenant provides that it may only be released by the City.

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, the City does hereby agree and declare as follows:

1. The above recitals are true and correct.

2. Restrictive Covenant are hereby terminated, released and of no further force and effect.

SIGNATURE AND ACKNOWLEDGEMENT ON FOLLOWING PAGE

IN WITNESS WHEREOF, the City has executed these presents on the day and year first aforesaid.

Signed, sealed and delivered

CITY OF CORAL GABLES

Print Name: _____

By: _____

Print Name: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
ss:
)

The foregoing instrument was acknowledged before me this _____ day of _____, 2010, by _____, on behalf of the City of Coral Gables. He/she is personally known to me or produced _____ as identification.

Name: _____
Notary Public, State of Florida
Commission No _____

Approved as to form and content:

Elizabeth M. Hernandez
City Attorney