Inst. Number: 202512000963 Book: 1531 Page: 1047 Page 1 of 1 Date: 1/15/2025 Time: 11:18 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

| Permit No. | | Tax Folio No. | 15-45-16-0302 | 3-534 (13928) | |
|---|--|---------------------------------------|------------------------|---|-------------------------|
| State of FL | | County of | Colur | nbia | <u>-</u> |
| The undersigned hereby gives notice that in | provement will be made to o | ertain real property, and in acc | ordance with Chapte | r 713, Florida Statutes | the following |
| information is provided in this Notice of Com 1. Description of property: (legal description | | ddress if available) | | | |
| | | | | | |
| LOT 34 ROLLING MEADOWS S/D. WD 1062 | 2422, WU 1078-2774, MU | 1130-2342, 40 1300-2470, | | | |
| Street Address: 296 SW Butterco | | | | | |
| 2. General description of improvement: | Roof Replacement | | | | |
| Owner information or Lessee information Name: Tim Fowler | if the Lessee contracted for t | he improvement: | | | |
| | up Or, Lake City, FL 32024 | | | | |
| Interest in property: | | | | | |
| Name and address of fee simple titleholder | | | | | |
| | | | | | |
| Address: 4.a. Contractor: The Building 14 | 15 Ohio Ave N, #1185, Live C | ak, FL 32064 | | | |
| | | SuildingButlers.com | | | |
| 5. Surety (if applicable, a copy of the payme | | | | | |
| a. Name and address: | | | | | |
| b. Phone number: c. Amount of bond: \$ | | | | | |
| c. Amount of bond. 9 | | · · · · · · · · · · · · · · · · · · · | | ALWA S | |
| 6.a. Lender Name: | | Lende | | *************************************** | |
| b. Lender's phone number: | | | | | |
| 7. Persons within the State of Florida de: Florida Statutes: | signated by Owner upon wi | nom notices or other docum | ents may be served | as provided by Section | on 713.13(1)(a)7 |
| a. Name and address: | | | | | |
| Phone numbers of designated persons: | | | | | |
| 8.a. In addition to himself or herself, Owr Florida Statutes. a. Name: | | person to receive a copy of | | | |
| b. Phone number: | | - | | | |
| 9. Expiration date of notice of commenceme | ont (the expiration date will be | 1 year after the date of record | ding unless a differen | | |
| date is specified) . 90 days after wo | rk is complete | · · · · · · · · · · · · · · · · · · · | | | |
| MORGAN DURSO | tary Publici | Thurs | 2 | | |
| MY COMMISSION # HH 5374 EXPIRES: June 11, 2028 | 1 /10 | Printed Name | The land of Lessage | S Authorized Unicerion | rector/Partner/Manager) |
| The foregoing instrument was acknowledge a Florida Notary, this day of | an 2025 | (Name of Pe | Swler as (| Dwner Type of AL | |
| for | who is ent was executed). | personally known | | | |
| 11 Dema | - | Type of ID Produced: | Valid | | icense |
| | ************************************** | State of : | Florida | | |
| (Signature of Notary Public - State of Florida | Ų | County of: | Columb | <u>ia</u> | |