Inst. Number: 202412008648 Book: 1513 Page: 710 Page 1 of 1 Date: 4/26/2024 Time: 12:21 PM 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 | Clerk's Office Stamp |
|--|--|
| Tax Parcel Identification Number: | |
| 32-45-17-09116-128 | |
| THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro- | ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT. |
| 1. Description of property (legal description): a) Street (job) Address: 2. General description of improvements: | |
| 3. Owner Information or Lessee information if the Lesse a) Name and address: b) Name and address of fee simple titleholder c) Interest in property | e contracted for the improvements 2014 Ext. 2025 Cak Way, Lake City, FL 32024 (if other than owner) |
| 4. Contractor Information a) Name and address: b) Telephone No.: 5. Surety Information (if applicable, a copy of the payment) | Fraze, 346 NW Ivy Gln, Lake City, FL 32055 |
| a) Name and address: | |
| 6. Lender a) Name and address: FIRST Fe | deral Bank of Florida |
| 713.13(1)(a)7., Florida Statutes: | er upon whom notices or other documents may be served as provided by Section |
| | e following person to receive a copy of the Lienor's Notice as provided in |
| Section 713.13(I)(b), Florida Statutes: | OF. |
| b) Telephone No.: | OF |
| Expiration date of Notice of Commencement (the expire is specified): | piration date will be 1 year from the date of recording unless a different date |
| COMMENCEMENT ARE CONSIDERED IMPROI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO | DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT. |
| STATE OF FLORIDA COUNTY OF COLUMBIA 10. Signature of Ow | ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager |
| Pri | nted Name and Signatory's Title/Office |
| The foregoing instrument was acknowledged before me | , a Florida Notary, this 25th day of April 2024 by: |
| (Name of Person) (Type of Aut | hority) for |
| Personally Known OR Produced Identification | |
| Notary Signature Ausan F. | Notary Stamp or Seal: Notary Stamp or Seal: SUSAN LEE FRAZE Notary Public State of Florida Comm# HH447582 |

Expires 12/16/2027