Inst. Number: 202112014371 Book: 1442 Page: 2133 Page 1 of 1 Date: 7/20/2021 Time: 3:50 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:	
28-35-16-02365-006 (8848)	
THE UNDERSIGNED thereby gives notice that improveme of the Florida Statutes, the following information is prov	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): SE 1/2 of NE 1/2 of SE 1/4 of NE 1/4. a) Street (job) Address: 1114 1114 Turner PNE	
2. General description of Improvements: New Shingle roof	
 b) Name and address of fee simple titleholder c) Interest in property 	(If other than owner)
4. Contractor Information a) Name and address: TMT KOOFIN b) Telephone No. 3524 8805 Ur. 76	g LLC 295 NW COMMONS LP SHE 115-315 Lake City, FC 32055
5. Surety Information (if applicable, a copy of the payme a) Name and address:	ent bond is attached):
6. Lender	
a) Name and address: b) Phone No.	
,	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713 13(I)(h). Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:	
Expiration date of Notice of Commencement (the expire is specified):	oiration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of County	Tatricia Conava ger or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me	, a Florida Notary, this 9 day of July 20 21 by:
(Name of Person) (Type of Aut	al a la
Personally Known OR Produced Identification \sum	Type anvers licensce
Notary Signature Katelyn Au	Notary Stamp or Seal: Notary Stamp or Seal: Notary Public State of Florida Katelynn Hickman My Commission Hill 143418