

Recording Stamp



TAX ID/PARCEL #:

**NOTICE OF COMMENCEMENT**

31 - 35 - 17 - 06220 - 000

THE UNDERSIGNED hereby gives notice that improvements will be made to certain realy property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

- 1. Description of property (legal description): N/A
a. Street (job) Address: 358 SW Sisters Welcome Rd Lake City FL 32025
2. General description of improvements: Metal Roof Over
3. Owner Information or Lessee information if the Lessee contracted for the improvements
a. Name and Address: TAB LLC 182 SW Gross St Pique Lake City FL 32025
b. Name and Address of fee simple titleholder (if other than owner):
c. Interest in property:
4. Contractor Information
a. Name and Address: V.S. Robinson Contracting LLC 27005 NW CR 239 Alachua 32015
b. Telephone #: 352 339 5280
5. Surety Information (if applicable, a copy of the payment bond is attached)
a. Name and Address:
b. Amount of Bond:
c. Telephone #:
6. Lender
a. Name and Address:
b. Telephone #:
7. Person within the State of Florida designated by Owner upon whom notices, or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes
a. Name and Address:
b. Telephone #:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes
a. Name:
b. Telephone #:
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):

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 SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COLUMBIA COUNTY

Sherry Funt
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Sherry Funt Management
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of [ ] physical presence or sworn to (or affirmed) by [ ] online notarization 28 day of January 2026, by Sherry Funt
DATE MONTH YEAR NAME OF PERSON
as TYPE OF AUTHORITY - OFFICER, TRUSTEE, ATTORNEY IN FACT for NAME OF PART ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

Personally Known [ ] OR Produced Identification [ ] Type of ID Produced

Katrina Nicol Brooks
SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

SEAL/STAMP:



PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

Published 10/2025