NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
26-35-16-02305-121	
THE UNDERSIGNED hereby 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 yielded in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description). COMM!	NE COR OF SEC, RUN W 686.89 FT, SW 20 DEG 545.72 FT FOR POR
a) Street (job) Address: 521 NW OLD MI 2. General description of Improvements: Replacing w	vindows/doors size for size
3. Owner Information or Lessee Information if the Lessee	se contracted for the Improvements: 5al NW Old Mull Dr. La Ke City Ft. 32055
b) Name and address of fee simple titleholder c) Interest in property Owner	(if other than owner)
4. Contractor Information	
a) Name and address: Jared Mellick // Ren	ewal by Andersen // 997 W Kennedy Blvd, Orlando, FL 32810
b) Telephone No.: 407-803-4723	
5. Surety Information (if applicable, a copy of the paymer	nt bond is attached):
a) Name and address:	and the state of t
b) Amount of Bond:	
-,	
6. Lender	
a) Name and address:	
b) Flione No.	
Person within the State of Florida designated by Owner	r upon whom notices or other documents may be served as provided by Section
/13.13(1)(a)/., Florida Statutes:	-
a) Name and address:	
3. In addition to himself or herself, Owner designates the	following person to receive a copy of the Lienor's Notice as provided in
Section /13.13(I)(b), Florida Statutes:	
a) Name:	OF
b) Telephone No.:	
VARNING TO OWNER: ANY PAYMENTS MADE IOMMENCEMENT ARE CONSIDERED IMPROPEI LORIDA STATUTES, AND CAN RESULT IN YOUR IOTICE OF COMMENCEMENT MUST BE RECORD	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF R PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
NSPECTION. IF YOU INTEND TO OBTAIN FINANC OMMENCING WORK OR RECORDING YOUR NO	CING, CONSULT YOUR LENDED OR AM ATTORNEY DEFORE
TATE OF FLORIDA	0
	MIL E. Kin
JOINT OF COLUMBIA	toy (deleid)
Signature of Owner	or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	hu Cadaia
	PyEastern
Printer	d Name and Signatory's Title/Office
e foregoing instrument was acknowledged before me, a F	the data was a second of the s
a revelopment was acknowledged before me, a r	day of Under 2000 by
Abbu Epstein as	
Name of Person) as (Type of Authorit	ty) (name of party on behalf of whom instrument was executed)
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sonally Known OR Produced Identification T	vne fr.D)
	SHANNON MELLICK
	Commission # GG 500535
tary Signature Myllos	Notary Stamp d Shade & Rended The You Sale Insurance \$10, 282 70 Per
	Bonded that had had had been also see and had had had
ZBL MINIS	STATE OF FLORIDA, COUNTY OF COLORIDA I HEREBY CERTIFY, that the above and foregoin is a true sept of the original filled in this office. P. Dewill GASOM, CLERK OF COURTS
	D DOMINI HANDE GREAT
	P. Dott 1 3 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	By Babbly Quirk 2 2 202
	By Burbert Durk 2 3-20