Inst. Number: 202412022424 Book: 1525 Page: 2531 Page 1 of 1 Date: 10/24/2024 Time: 3:13 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:	
06-55-18-10568-021	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is proven the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following information is proven the following information in the following	ents will be made to certain real property, and in accordance with Section 713.13 rided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description):	5-18-10568-021
a) Street (job) Address: 2430 SE, High Falls Rd. Lake City, FL 32025 2. General description of improvements: M/ ta/ POOT-OVEY	
3. Owner Information or Lessee information if the Lessee a) Name and address: \(\sum_{\alpha} \) is completed (\text{\tinte\text{\tiliex{\text{\texit{\text{\text{\text{\texi{\texi{\text{\text{\texi}\text{\text{\texi{\text{\tile	e contracted for the improvements: (if other than owner) (if other than owner)
in Albac	
4. Contractor Information a) Name and address: Nichola 6 b) Telephone No.: 386-205-386	sclucci 268 SE Press Ruth Dr. Lake City, FL 32025
5. Surety Information (if applicable, a copy of the payme a) Name and address: NA-	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	
a) Name and address: MA	
	er 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 No.:	
Section 713.13(J)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
	OF
b) Telephone No.:	
 Expiration date of Notice of Commencement (the expire is specified): 	iration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROF FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	PE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, JIR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A PROPERTY OF THE FIRST UNCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10	prieros Hurvill
Signature of Owr	ner or Lessee, or Owner stor 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 215th day of October 2024 by:
(Name of Person) as OWY (Type of Auth	for
Personally KnownQR Produced Identification	Type Licinse
Notary Signature Am y Cal	Notary Stamp or Seal: DANIEL J. CARLUCCI MY COMMISSION #HH572186 EXPIRES: JUL 28, 2028 Bonded through 1st State Insurance