Inst. Number: 202112017744 Book: 1446 Page: 1030 Page 1 of 1 Date: 9/1/2021 Time: 12:57 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:	
34-35-17-07153-000	
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 vided in this NOTICE OF COMMENCEMENT
1. Description of property (legal description): 40 + 3 a) Street (joh) Address: 387 35	BIK 6 Country Club Est. Replat Vaste & Ave; Lake City, Ft 32055
2. General description of improvements: RE-R	When the second second contract contrac
3. Owner Information or Lessee information if the losse a) Name and address: () ANIE (17AI) b) Name and address of fee simple titleholder c) Interest in property	e contracted for the improvements. Olustee Ave. Lake City, Fl. (if other than owner).
4. Contractor Information a) Name and address: ENERAS (a) b) Felephone No.:	July 10153 W. Huy. 90, Lake City, A 32055
 Surety information (if applicable, a copy of the payment). 	ent band is attached):
c) Telephone No.:	And the second s
a) Name and address:	
7. Person within the State of Florida designated by Own	er upon whom notices or other documents may be served by providents.
	e following person to receive a copy of the Lienor's Notice as provided in
a) Name: b) Telephone No.:	OF
is specified):	oiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPRO- FLORIDA STATUTES, AND CAN RESULT IN YO	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 DRIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE INOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10.2	21 L1
Signature of Ow	oner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	inted Name and Signatory's Title/Office
	e, a Florida Notary, this 20th day of August, 20 21 by:
Dunied Hammend as (Name of Person) (Type of Aut	thority] thority (name of party on behalf of whom instrument was exercited)
Personally Known Y OR Produced Identification	Туре
Notary Signature Jan S. Verha	Notary Stamp or Seal: JENA STOREY VERCHER Commission # GG 183986 Expires December 3, 2021