NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
Tax Parcel Identification Number:		
00407-102		
		_
of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.	5.0 / 4 Poo 56
1. Description of property (legal description): LO+ 2 a) Street (Job) Address: 2349 C	2 Cypress Lake Hills SID Ex.24 Actor ADD'L R/W Press Lake Road, Lake City, F. (32024)	ake RD Desc
z, desieral description of improvements.		1457-1601
b) Name and address of fee simple titleholder	e contracted for the improvements: 2344 SW CYPTESS Lake RD (If other than owner)	•
c) Interest in property OWNEr 4. Contractor Information	1 216 5 21	10 -
a) Name and address: Florida Fr b) Telephone No.: 407-216-27	remier Roofing 10245 E. Colonia (782 Orlando, FL ent bond is attached):	Dr.
5. Surety Information (if applicable, a copy of the payment) a) Name and address:	ent bond is attached):	
b) Amount of Bond:		
c) Telephone No.: 6. Lender		
a) Name and address: b) Phone No.		
	ner upon whom notices or other documents may be served as provided by Section	
713.13(1)(a)7., Florida Statutes:		
b) Telephone No.:		
Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in	
a)Name: b)Telephone No.:	OF	
	piration date will be 1 year from the date of recording unless a different date	
is specified):		
COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	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 ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA 10	Plan Mathic yner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
Signature of Ow	ner or l'essee, or Dwner's or Lessee's Authorized Office/Director/Partner/Manager	
- 1	ACEX MATHO Printed Name and Signatory's Title/Office	
	e, by means of physical presence or online notarization, a Florida Notary,	
	·	
this day of Jun, 20	by: Mclissa Strouz as Notary (Name of Person) (Type of Authority)	
for Alex mathe (name of party on behalf of whom Instrument was e	who is personally known OR produced identification	
(name of party on behalf of whom instrument was e	executed) Type ID	
	Type ID / //U/	
Name of State of Stat	MELISSA ALEXANDRA STROUD	
Notary Signature	(Notary Stamp or Seal) (Notary Stamp or Seal) (Notary Public - State of Florida Commission # HH 429623 My Comm. Expires Sep 7, 2027 Bonded through National Notary Assn.	