NOTICE OF COMMENCEMENT

This Instrument Prepared By: Name: USIL 0918 S Address: 505 9011 KIST BIV 11112 0010 Permit No: Tax Follo No: 415 - 481 - 578 STATE OF: FL COUNTY OF: SI WALLE	Inst: 202312011013 Date: 06/12/2023 Time: 3:02PM Page 1 of 1 B: 1492 P: 1609, James M Swisher Jr, Clerk of Cou Columbia, County, By: AM Deputy Clerk
THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following Information is provided in this Notice of Commencement. DESCRIPTION OF PROPERTY: Street Address: 1780 C DUVAL ST LOWE CITY FL Legal Description: 33-35-17-06538-000 2. GENERAL DESCRIPTION OF IMPROVEMENT(S): 2 LV COF	
3. OWNER INFORMATION: a.) Name: <u>The Duvon</u> P b.) Interest in Property: Owner	122 Address: 12243 PENY IN DIOMOF
c.) Fee Simple Titleholder (if other than owner) Name:	Address
4. CONTRACTOR: a.) Name: Robert 09105 Addr	ess: 505 9011 Kist Buslive b.) Phone: 386-590-4611
5. SURETY: a.) Name:	Address:
b.) Amount of bond \$:	c.) Phone:
6. LENDER: a.) Name: Address	b.) Phone:
7. Persons within the State of Florida designated by Owner upon wh 713.13(1)(a) 7., Florida Statutes:	nom notices or other documents may be served as provided by Section
a.) Name:Address:	b.) Phone:
8. In addition to himself, Owner designates the following person(s) to Florida Statutes.	o receive a copy of Lienor's Notice as provided in Section 713.13(1)(b),
a.) Name:Address:	b.) Phone:
CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NO	AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR DTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON ID TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN
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Sig	nature of Owner or Owner's Authorized Officer/Director
	rtnerManager
Sig	natory's Title/ Office Control to
The foregoing instrument was acknowledged before me this day o by (name of person) as trustee, attorney in fact) for to (name of person) as	CONTROL TOV (type of authority, e.g. officer,
Con	naure of Notary Public - State of Florida It, Type, or Stamp Commissioned Name of Notary Public Inmission Number - Or Produced Identification - Or Produced Ide
Varification Pursuant to Se	ction 92.525, Florida Statutes
	and that the facts stated in it are true to the best of my knowledge and
	15-: 11
Sian	nature of Natural Person Signing Above
Oig.	100 M