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DocuSign Envelope ID: 07F34ADE-95D9-4375-8272-115F90D43832

NOTICE OF COMMENCEMENT	
HO HEE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
18-28-16-01638-000 (5081)	
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). COMM	A SE COD OF MAKE A DUNING TO THE
2. General description of improvements: Re-roof r	
3. Owner Information or Lessee Information if the Lessee	e contracted for the improvements:
") Name and address: SUWANNAA Vallet	V Recort I I C/Rill Copes I OT IC
	(If other than owner) 786 NW Stephen Foster DR White Springs, FL 32096
7. CUTUACIOI INIDITINATION	
b) Telephone No.: 904-502-5488 5. Surety Information (if applicable, a copy of the payme	Point Rd Fleming Island Fl 32003 D & D Roofing LLC
a) Name and address: None	NO CONTRACTOR CONTRACTOR CONTRACTOR
b) Amount of Bona:	
6. Lender	
a) Name and address: None	
D) Phone No.	
	er upon whom notices or other documents may be served as provided by Section
Name and address: None	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates the	e following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:	OF
 Expiration date of Notice of Commencement (the expired): 	ration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE	DV TUP CLASSES A STATE OF THE S
COMMENCEMENT ARE CONSIDERED IMPROPI	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF FR PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
FLORIDA STATUTES, AND CAN RESULT IN YOU	R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
NSPECTION, IF YOU INTEND TO ORTAIN FINAN	MUED AND POSTED ON THE JOB SITE BEFORE THE FIRST
COMMENCING WORK OR RECORDING YOUR N	IOTICE OF COMMENCEMENT
TATE OF FLORIDA	Docusigned by:
COUNTY OF COLUMBIA 10.	Man n Coons Q
Signature of Owner	or Dessee, of Owner's or Lessee's Authorized Office/Director/Partner/Manager
	ill Cocco
Pri	nted Name and Signatory's Title/Office
he foregoing instrument was acknowledged before me, b	··········
77 /	,
as cc day of /10001 20 C	L by: Bill Cocco as Owner
786 NW Stephen Foster Dr	(Name of Person) (Type of Authority)
(name of party on behalf of whom instrument was exe	who is personally known OR produced identification Cuted)
4 4 0 04	Type ID VC OC
ptary Signature And Stran	Materials
	(Notary Stamp or Seal)

	Notary Public State of Florida Jacob L Stancil
	My Commission HH 075373
	S as not Expires 12/29/2024