## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

25-38-15-00193-001

Clerk's Office Stamp

Inst.201412004950 Date 4/7/2014 Time 11 17 AM DC,P DeWitt Cason Columbia County Page 1 of 1 B 1272 P 721

Though Statutes the following information is provided in this NO	ne made to certain real property and in accordance with Section 713 13 of the TICE OF COMMENCEMENT
Description of property (legal description) Comm. SW	Cor of N.F. 4 of SWky run E. 136 for POB Cont. E 334' N. 699.9  gno Lake City Fl.
a) Street (10b) Address 441 5. W. Robbit	and Lake City Fl.
2 General description of improvements Metal Koot	
a) Name and address Kindle D. Nelms 4 b) Name and address of fee simple titleholder (if other	1415.W. RobbitLane Lake City, Fl. 32024 Than owner) Same
a) Name and address Robbie's Roof.	ug 628 S.a. Blanton LN. Lake city Ff. 32014 Fax No (Opt)
Surety Information	rax No (Opt )
3) Name and address	
b) Amount of Bond	Fax No(Opt)
c) Telephone No	rax No (Opt )
a) Name and address	
b) Phone No	
7 Identity of person within the State of Florida designated by ow 31 Name and address	•
h) Telephone No	Fax No(Opt)
3 In addition to himself, owner designates the following person (7 3 13(i)(b) Florida Statutes	
a) Name and address b) Telephone No	Fax No(Opt)
is specified)  MARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER A MPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 7 MPROVEMENTS TO YOUR PROPERTY, A NOTICE OF COMMENC NSPECTION IF YOU INTEND TO OBTAIN FINANCING, CONSULT	ate is one year from the date of recording unless a different date  AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED  713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR  EMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST  YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
YOUR NOTICE OF COMMENCEMENT	
STATE OF FLORIDA COUNTY OF COLUMBIA 10	En Il de Melie
	gnature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Kindle U. Nelms
The foregoing instrument was acknowledged before me , a Florida No	otary, this day of APRIL 20_14 by
KINDLE D NELMS as	(type of authority, e.g. officer, trustee, attorney
act) for	(name of party on behalf of whom instrument was executed).
Personally KnownOB Produced Identification Type  Notary Signature (	CRAIG W. WACHA Commission # EE 191616 Expires July 21, 2016 Bonded Thru Troy Falls Insurance 800-385-7019
11. Verificat on pursuant to Section 92 525, Florida Statutes the facts stated in it are true to the best of my knowledge	Under penalties of perjury, I declare that I have read the foregoing and that and belief
	Signature of Natural Person Signing (in line #10 above )