Inst. Number: 202112004139 Book: 1431 Page: 2495 Page 1 of 1 Date: 3/5/2021 Time: 3:18 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

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NOTICE OF COMMENCEMENT			•
This Instrument Prepared By: Name: MICHAEL R. BENNETT	• • •	. •	
Name: MICHAEL R. BENNE II  Address: P.O. BOX 367 NEWBERRY, FL	32669		•
Dormit No	C. In. G.		
Tax Folio No.: 20-35-16-02003	-200		
State of: FLORIDA County of: ALACHUA			
THE UNDERSIGNED HEREBY gives notice that implications, the following information is provided in this	rovement(s) will be made to Notice of Commencement.	o certain real property, and in acc	ordance with Chapter 713, Florida
1.DESCRIPTION OF PROPERTY: Street Address	: <u>2872NW Br</u>	awild hake Gity F	1 38055
1 10 10 10 10 10 10 10 10 10 10 10 10 10			
2.GENERAL DESCRIPTION IMPROVEMENT(S):	reroot shive	le Singletam.	
3. OWNER INFORMATION: Name: Poperty: Fee Simple Titleholder(if other than owner) Name:	· · · · · · · · · · · · · · · · · · ·	Address:	
4.Contractor: Name: MAC JOHNSON ROOFING	SINC. Address: P.O. BC		
5.SURETY: Name: N/A		dress:	
Amount of bond S:	P7	ione:	
			Phone:
7.Persons within the State of Florida designate Section 713.13(1)(a) 7., Florida Statutes:  Name:  8.In addition to himself, Owner designates the	ddress:		Phone:
Florida Statues; Name:	Address:		Phone:
9.Expiration date of notice of commencement Specified).	the expiration date is one	(1) year from the date of recor	ding unless a different date is
WARNING TO OWNER: ANY PAYMENTS MAD CONSIDERED IMPROPER PAYMENTS UNDER YOUR PAYING TWICE FOR IMPROVEMENTS I POSTED ON THE JOB SITE BEFORE THE FIRST LENDER OR AN ATTORNEY BEFORE COMME	O YOUR PROPERTY. A P IT INSPECTION. IF YOU I NCING WORK OR RECOR	OTICE OF COMMENCEMENT NTEND TO OBTAIN FINANCING DING YOUR NOTICE OF COM	MUST BE RECORDED AND CONSULT WITH YOUR
Signature of Owner or Owner's Authorized Office	er/Director Partner/Manage	X Roent N.	<del>y</del> yw
Signatory's Title/Office	from mathic 5th	day of March	WH (year)
The foregoing instrument was acknowledged be	inte life life	NNer.	(type of authority, e.g. officer,
trustee, attorney in fact) for	(name or person) as	. ()	f whom distrument was executed).
	il Rodriguez	4 WCQ2+	7VC
Notar	y Public Sig	nature of Notary Public - State of	Plorida
State	of Florida Prin	nt, Type, or Stamp Commissioner mmission Number	
450	12 HHO78496	sonally Known or Pr	oduced Identification
	Durdin	<u>192,525, Florida Statutes</u> I that the facts stated in it are t	rue to the best of my knowledge
Under penalties of penury, I declare that I had and belief.	the same into terraflouring our	frant d	1 San
Bird nasen.	X.	ignature of Natural Person Signir	g Above