NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

27-5S-17-09415-119

Clerk's Office Stamp

Inst: 202412007305 Date: 04/09/2024 Time: 12:12PM

Page 1 of 1 B: 1512 P: 290, James M Swisher Jr, Clerk of Court

SUZANNE STEWART
Commission # HH 463468
Expires November 17, 2027

Columbia, County, By: VC

Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Descripti	on of property (legal	description): Lot 19 Magnolia	Place S/D		
a)	Street (job) Address	219 SW Cypresswood Glr	n, Lake City, Fl	32025	
2. General	description of improv	rements: 2 Additions / Remod	del of existing r	iome	
a)	Name and address:	information if the Lessee contracted for Mark and Sarah Lane, 219 SW	Cypresswood C	3ln, Lake City	
b)	Name and address	of fee simple titleholder (if other than	owner)		
	or Information	Bryan Zecher Construction	237	O SW SR 4	7, Lake City, FL 32025
	Telephone No.:		201	OUVOINT	7, Lake Oity, 1 L 02020
5 Surety In	formation (if applica	ole, a copy of the payment bond is att	ached): N/A		
b)	Amount of Bond:	X			
c)	Telephone No.:				
	N/A				
		:			
7. Person w	vithin the State of Flo	rida designated by Owner upon whom	notices or other d	ocuments may l	be served as provided by Section
7	13.13(1)(a)7., Florida	Statutes:		describe i Massocia i altrica de tra	
a)	Name and address:				
b)	Telephone No.:				
8. In addition	on to himself or hers	elf, Owner designates the following pe	erson to receive a co	ppy of the Lieno	r's Notice as provided in
	ection 713.13(I)(b), F				
a)	Name:	OF			
b)	Telephone No.:	The state of the s			
		ommencement (the expiration date v			rding unless a different date
COMMEI FLORIDA NOTICE (INSPECTI	NCEMENT ARE CO STATUTES, AND OF COMMENCEM ON. IF YOU INTE	NY PAYMENTS MADE BY THE OD DISIDERED IMPROPER PAYME CAN RESULT IN YOUR PAYING IENT MUST BE RECORDED AND ND TO OBTAIN FINANCING, CO RECORDING YOUR NOTICE OF	NTS UNDER CHA TWICE FOR IMF POSTED ON TH NSULT YOUR LE	APTER 713, P PROVEMENTS IE JOB SITE B ENDER OR AN	ART I, SECTION 713.13, S TO YOUR PROPERTY; A EFORE THE FIRST
STATE OF	FLORIDA		//	_	
	OF COLUMBIA	10.			
COOMIT	OLO WIDIA	Signature of Owner or Lessee	or Owner's or Less	ee's Authorized	Office/Director/Partner/Manage
		signature or owner or reside,	or owner you less	ce smathemeta	omec, on ector, raidier, manage
		M	ark Lane		
				o /Office	
		Printed Name	and Signatory's Title	e/Office	
The forego	ing instrument was a	cknowledged before me, by means of	physical prese	ence or on	line notarization, a Florida Notary
this 2nd	d day of Ann	il 20_24_ by: Su:	zanne Stewa	rt ac	notary
uns	uay or		Name of Person)	dSdS_	(Type of Authority)
	Mark	No.		v -	• • • • •
tor	iviain	whom instrument was executed)	no is personally kno	wn X OR	produced identification
(name	of party on behalf of	whom instrument was executed)		100	
				Туре	
Notary Sigr	nature Sur-A	my theward No	tary Stamp or Seal:	NARY PUBLIC	SUZANNE STEWART