Inst. Number: 202212012559 Book: 1469 Page: 2431 Page 1 of 1 Date: 6/28/2022 Time: 3:56 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	
- D. GOMMICIACTIVICIAL	Clerk's Office Stamp
Tax Parcel Identification Number:	
17-4S-17-08438-000	
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). ALL BLO	CKS G & H OAKWOOD S/D & ALL OF ROAD LYING RETWEEN BLUS C .
a) Street (job) Address: 35/5 S US HIGH 2. General description of improvements:Re-roof Buildin	WAY 441, LAKE CITY, FL 32025
Owner Information or Lessee information if the Lesse Name and address: FLAMINGO LAKES HO	e contracted for the improvements:
 b) Name and address of fee simple titleholder. 	(if other than owner)4/10 STATE ROAD 13 N SAINT TOWNS LT 2/120
o) merest in property	(a other diality) was a first to No 10 N SAINT JOHNS, FL 32209
4. CURITACTOR INTORMATION	ractors, Inc. 9651 Hood Road Ste 4 Jacksonville, FL 32257
b) Telephone No.: 904-233-1116	
5. Surety Information (if applicable, a copy of the navme	at hand is about 1
a) Name and address:	
b) Amount of Bond: c) Telephone No.:	
o. Lender	
a) Name and address:	
	er upon whom notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates the	following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
Expiration date of Notice of Commencement (the expirits specified):	ration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE COMMENCEMENT ARE CONSIDERED IMPROPI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOFF INSPECTION. IF YOU INTEND TO OBTAIN FINAN COMMENCING WORK OR RECORDING YOUR NETWORKS.	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RODED AND ON THE JOB SITE BEFORE THE FIRST
STATE OF FLORIDA	11/1/2/20
COUNTY OF COLUMBIA 10	Mayal Will
Signature of Owner	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Print	ed Name and Signatory's Title/Office
	•
The foregoing instrument was acknowledged before me, a	Florida Notany this TUNK
all all all all and	20 Z by:
(Name of Person) as OWN (Type of Autho	for flowings lakes Holder 111
	(name of party on denait of whom instrument was executed)
Personally Known OR Produced Identification	Type
1	~~~
Notary Signature Mes Hally	Notary Stamp or Seal: Notary Public State of Florida Jessica L Hartline
,	Notary Stamp or Seal: Jessica L Hartline My Commission HH 086921 Expires 11/24/2024