Inst. Number: 201212014197 Book: 1241 Page: 2795 Date: 9/24/2012 Time: 3:52:15 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

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NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	Upst 201212014197 Date:9/24/2012 Time:3:52 PM
02-45-16-02911-401	G
THE UNDERSIGNED hereby gives notice that improvement florida Statutes, the following information is provided in the	s will be made to certain real property, and in accordance with Section 713.13 of the his NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 10+ a) Street (jnh) Address: 151 5w	Fritz Clan
	the second secon
b) Name and address of fee simple titlef-older (i interest in property	
4. Contractor Information a) Name and address: Cittle Live In b) Telephone No: 386-752-46	lin 162 Sid Sparce Ct. Ste 10-1 Like City, FL 32024 122 Fax No. (Opt.)
5. Surety Information	
c) Telephone No.:	Fax No. (Opt.)
6 Lender	
a) Name and address: b) Phone No.	
7. Identity of person within the State of Florida designated	by owner upon whom notices or other documents may be served:
a) Name and address: b) Telephone No.:	Fax No. (Det)
b) Telephone No.:	Fax No. (Opt.)
713.13(i)(b), Florida Statutes. a) Name and address:	erson to receive a copy of the Uenor's Notice as provided in Section: Fax No. (Opt.)
9. Exc. abon date of Notice of Commencement (the expire	ation date is one year from the date of recording unless a different date
WARNING TO DWNER: ANY PAYMENTS MADE BY THE OVIMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SEC IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COM	NNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPRICEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMI:	of an aure of Owner's Authorized Office/Director/Partner/Manager
	Mancy & Munn
The foregoing instrument was acknowledged before me, a Fid	orida Notary, this DV day of Septeber 2012 by:
A1 1 1	- -1
10004 - 1922 05	(type of authority, e.g. officer, trustee, attorney
fact) for	(name of party on behalf of whom insure on war
Personally Known OR Produced Identification Tyl	SALLY E HUGGINS Notary Public - State of Florida My Comm. Expires Aug 3, 2015 Commission # EE 114779
11. Verification pursuant to Section 92.525, Florida Stat the facts stated in it are true to the best of my know	tutes. Under penalties of perjury, I declare that I have read the foregoing and that Medge and belief.
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