NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
34-35-17-07013-004	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is provi	nts will be made to certain real property, and in accordance with Section 713.13 ided in this NOTICE OF COMMENCEMENT
1. Description of property (legal description): LM 4	Black & Bellaire SID
a) Street (job) Address: 2015w Nato 2. General description of improvements: (Cynol	LIF THE LAVELLI ST 22025
a) Name and address: FYONK Billion b) Name and address of fee simple titleholder (contracted for the improvements: 1 Nam 2015W Natalie Ter Lakeaty 7 32026 1 other than owner) N/a
1 Contractor Information	
a) Name and address: Harny Dayd A b) Telephone No.: 386 345 - 8912	nderson / 2075 SW Pinemounted Lakiaty or 320
5. Surety Information (if applicable, a copy of the navmen	thond is seemal and to
a) Name and address: NIA	
c) Telephone No.: NA	
6. Lender	
b) Phone No. NA	
7. Person within the State of Florida designated by Owner	upon whom notices or other documents may be served as provided by Section
b) Telephone No.: NA	
P. In addition to bissest as bess 15 or	
Section 733.13(I)(b), Florida Statutes:	following person to receive a copy of the Lienor's Notice as provided in
a) Name: NA	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expiral is specified):	ation date will be 1 year from the date of recording unless a different date
FLORIDA STATUTES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORIINSPECTION. IF YOU INTEND TO OBTAIN FINANCEMENT	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF R PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DED AND POSTED ON THE JOB SITE BEFORE THE FIRST CING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
COMMENCING WORK OR RECORDING YOUR NO	OTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10.	ah pely a
Signature of Owner	or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
t	VANK Rilling ham
Prin	ted Name and Signatory's Title/Office
The foregoing instrument was a least to the	
The foregoing instrument was acknowledged before me, by	
his 30th day of Deptember 20 25	, by: Frank as Owner
	(Name of Person) (Type of Authority)
(name of party on behalf of whom instrument was exec	who is personally known OR produced identification
C I I I I I I I I I I I I I I I I I I I	Type ID
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Notary Signature / //////////////////////////////////	(Notary Stamp or Seal)
1 6	Commission # HH 385545 Expires August 8, 2027