Inst. Number: 202112014955 Book: 1443 Page: 970 Page 1 of 1 Date: 7/27/2021 Time: 9:42 AM 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	Clerk's Office Stamp
Tax Parcel Identification Number:	
00-00-00-01312-000(3917)	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 00-0 a) Street (job) Address: 3005W Tre 2. General description of improvements: 04-60	0-00-01312-000(3917) nton Terr. Ft. White, Fl. 32038 root-over
3. Owner Information or Lessee Information if the Lessee  a) Name and address: Tustin Summ- b) Name and address of fee simple titleholder c) Interest in property Sunter	e contracted for the improvements:  (rall 320 5w Trenton Terr. Ft. White 32038  (if other than owner)
5. Surety Information (if applicable, a copy of the payme	nt bond is attached):
b) Amount of Band: c) Telephone No.:	
a) Name and address: N/A b) Phone No. 7. Person within the State of Florida designated by Owne 713.13(3)(a)7. Florida Statutes/a	er upon whom notices or other documents may be served as provided by Section
8. In addition to himself or herself, Owner designates the	following person to receive a copy of the Lienor's Notice as provided in
Expiration date of Notice of Commencement (the expirate ls 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 IMPROPE FLORIDA STATUTES, AND CAN RESULT IN YOUR TOTAL OF COMMENCEMENT MUST BE RECORDED.	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 RIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ICING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Owner	ror Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager  1: Cholus Corlucci/Contractor
	ed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a  Nichola S Carlucci as Contrac  (Name of Person)  (Type of Author)	tor for
Personally Known X OR Produced Identification	DANIEL J. CARLUCC!  Notary Stamp or Seal:    DANIEL J. CARLUCC!   MY CGMMISSION #HH02454;