Inst. Number: 201312019255 Book: 1266 Page: 335 Date: 12/4/2013 Time: 1:03:50 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number 29-35-16-02390-017	nt: 201312019255 Date 12/4/2013 Time 1:03 PM DC,P.DeWitt Cason,Columbia County Page 1 of 1 B 1266 P 335
THE UNDERSIGNED hereby gives notice that improvements 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 nis NOTICE OF COMMENCEMENT
1 Description of property (legal description) 29-3 a) Street (lob) Address 674 NW 2 General description of improvements 57-0 G	15-16-02390-017 Horizon St. LAKE C. TY, FL 32055
a) Name and address. b) Name and address of fee simple titleholder (if	C. Johnson 674 NW Horizon ST. LAKE City, 21 32055 other than owner) N/A
c) Interest in property /06 70 4 Contractor Information a) Name and address b) Telephone No 304 - 129 - 5	f other than owner) N/A Merlin 679 SW Alamo Drive Lake City, \$\tau \text{32025} 426 Fax No. (Opt.)
a) Name and address b) Amount of Bond	
6 Lander	Fax No (Opt)
b) Phone No	d by owner upon whom notices or other documents may be served
b) Telephone No	Fax No (Opt)
713 13(I)(b), Florida Statutes	person to receive a copy of the Lienor's Notice as provided in Section Fax No (Opt)
9 Expiration date of Notice of Commencement (the expirits specified)	ration date is one year from the date of recording unless a different date
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEI IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF CON	WNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED CTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSULT YOUR ENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
THEORIDA BRENDA MEADS TO COLUMBIAITY OF COLUMBIAITY FUBIC - State of Florida Notary Public - State of Florida Fubicas Jul 30, 2017	10.
	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Commission # FF 006272 Bonded Through National Notary Assi	Printed Name
The foregoing instrument was acknowledged before me , a F	lorida Notary, this day of
PID as _	(type of authority, e.g. officer, trustee, attorney
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification T	уре
Notary Signature Con Oa Moc	Notary Stamp or Seal·
11 Verification pursuant to Section 92.525, Florida St the facts stated in it are true to the best of my kn	satutes Under penalties of perjury, I declare that I have read the foregoing and that owledge and belief Signature of Natural Person Signing (in line #10 above)