NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

31-35-17-05918-000

Clerk's Office Stamp

Inst: 202312007443 Date: 04/28/2023 Time: 8:55AM

Page 1 of 1 B: 1489 P: 731, James M Swisher Jr, Clerk of Court

Columbia, County, By: VC

Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal descrip	tion): LOT 8 BLOCK 4 HIGHLANDS S/D. 419-328, 625-411, 854-1240, 874-487, DC 1117-184 NW HIGHLANDS LOOP, LAKE CITY
1	RE-ROOF, ALTERATIONS AND REPAIRS, NEW MEP
3. Owner Information or Lessee informa	ition if the Lessee contracted for the improvements:
a) Name and address: 848 NW His	phlands Land Trust - R48 NW Highlands Leop, Lake Cay 32055
	mple titleholder (if other than owner)
**	
The Committee of the Co	
 a) Name and address: ANDI 	ESCO CONSTRUCTION - 7643 Gate Parkway Ste. 104-192 Jacksonville Florida 32256
b) Telephone No: 904 629	85 83
5. Surety Information (if applicable, a co	ppy of the payment bond is attached):
b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
 a) Name and address; 	
b) Phone No	
7. Person within the State of Florida des	signated by Owner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statute	
b) Telephone No.:	
WARNING TO OWNER: ANY PA' COMMENCEMENT ARE CONSID FLORIDA STATUTES, AND CAN F NOTICE OF COMMENCEMENT N INSPECTION. IF YOU INTEND TO	YMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE PROJECT OF COMMENCEMENT.
STATE OF FLORIDA	C
COUNTY OF COLUMBIA	10. F. Mourin
COUNTY OF COLOMBIA	Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Signature of Owner of Lessee, or Owner's or Lessee's Nathorized Office, Director/1 at the / Manager
	FERNS MOUDED /MANAGER
	Printed Name and Signatory's Title/Office
	Frinted Name and Signatory's Title/Office
	y
The foregoing instrument was acknowled	edged before me, by means of 🞾 physical presence or online notarization, a Florida Notary,
The same of the sa	- PA 1 1
this day of \\	2023 by: fana Houded as
	(Name of Person) (Type of Authority)
F	who is necessarily because A. O.D. produced identification &
(name of party on behalf of whom i	who is personally known OR produced identification
Notary Signature	Type 1U/U Notary Stamp or Scall: Notary Public State of Florida
	Luz Adriana Santamaria My Commission HH 107252 Expires 04/06/2025