Inst. Number: 202312019691 Book: 1501 Page: 466 Page 1 of 1 Date: 10/19/2023 Time: 1:27 PM 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
ax Parcel Identification Number:	
01-45-16-02678-212	
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 vided in this NOTICE OF COMMENCEMENT.
L. Description of property (legal description): LOT 12 CO	OVEY COURT S/D. ORB 738-668, B16-1896. WD 1035-312, WD 1052-1050, WD 1085-2109,
a) Street (job) Address: 443 SW COVEY CT, LAKE C 2. General description of improvements: 19-100f	IIY
3. Owner Information or Lessee Information if the Lesse	e contracted for the Improvements:
o) manife and address of ree simple interiorder	r (if other than owner)
4. Contractor Information	
a) Name and address: Daniel Byrd 505 SW Drane S	.t Branford FI 32008
b) Telephone No.: 386-935-6559 5. Surety Information (if applicable, a copy of the paym	
a) Name and address:	·
b) Amount of Bond: c) Telephone No.:	
6. Lender	
a) Name and address:	
D) Phone No	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	
a) Name and address:	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates t	he following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	
b) Telephone No.:	OF
Expiration date of Notice of Commencement (the exis specified):	spiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFUNCTION OF STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECINSPECTION. IF YOU INTEND TO OBTAIN FIN COMMENCING WORK OR RECORDING YOU	/ /
STATE OF FLORIDA	PM /
COUNTY OF COLUMBIA	- Ill Many)
Signature of O	where or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Spring.
	Printed Name and Signatory's Title/Office
	/
The foregoing instrument was acknowledged before m	ne, by means of physical presence or online notarization, a Florida Notary,
	· ·
•	by: Cynthia Cummings as Nutre (Name of Person) (Type of Authority)
for 443 Syz Covy Ct Lava (name of party on behalf of whom instrument was	who is personally known OR produced Identification executed)
	Type ID
Notary Signature Kala Halcett	(Notary Stamp or Seal) (Notary Stamp or Seal) (Notary Stamp or Seal) (Notary Public State of Florida Comm# HH15023 Expires 7/7/2025
•	- FE 14 CENTRES // //2023