Inst. Number: 202312003556 Book: 1485 Page: 1648 Page 1 of 1 Date: 3/1/2023 Time: 12:58 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
Tax Parcel Identification Number:	
22-35-16-62267-116	
of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): LCT (legal description)	e Country Lake in Wood borough Phase 1 CT 1259 1399 Country Lake Dr. Lake City, FL 32025 WD 1261 2435 Shirefe to Shingle
c) Interest in property (PNTO) DY	e contracted for the improvements: COM MENCE Dr. Lake City 32025 (if other than owner)
a) Name and address: Triton Rock b) Telephone No.: 904 619 82	ing & Restration, uc 450 SK I3N St Johns R32259
5. Surety Information (if applicable, a copy of the payme	
o) Amount of Bond.	
c) Telephone No.:	
a) Name and address: b) Phone No	
713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13(I)(b), Florida Statutes: a) Name:	e following person to receive a copy of the Lienor's Notice as provided in OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	Michael C Wkaegbu, MD
	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Michael C. Ukaegbu, MD Printed Name and Signatory's Title/Office	
E	Titted Name and Signatory's Fitte/Office
The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, a Florida Notary, this day of 10 by: Mi wal Cludd Dun Down Down Description	
for	(Name of Person) (Type of Authority)
for	who is personally known OR produced identification 2.
Notary Signature	(Notary Stamp or Seal)