Inst. Number: 202512010308 Book: 1539 Page: 1732 Page 1 of 1 Date: 5/7/2025 Time: 9:48 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:		
07-6S-16-03789-005		
of the Florida Statutes, the following information is pro-	NW COR OF NE1/4 OF NE1/4 OF SE1/4, S 29.96 FT, S 408.08 FT FOR POB. 5 FT, S 163.57 FT, W 271.84 FT, N 163.57 FT, E 92.79 FT TO POB. WD 1356-	-2176,
2. General description of improvements: REPLACE	10 WINDOWS, SIZE FOR SIZE & 1 EXTERIOR DOOR, SIZE FOR SIZE	Ξ
3. Owner Information or Lessee information if the Lesse	e contracted for the improvements:	
	r (if other than owner) N/A	
A Contractor Information		
a) Name and address: CJ CUSTOM CARE b) Telephone No.: 386-754-6924	PENTRY, INC. // 222 SW CROSS POINTE CT, LAKE CITY, FL 32024	
5. Surety Information (if applicable, a copy of the paym		
a) Name and address: NAM     b) Amount of Bond:		
c) Telephone No.:		
6. Lender		
b) Phone No.		
<ol> <li>Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:</li> </ol>	ner upon whom notices or other documents may be served as provided by Section	
b) Telephone No.:		
and the state of the land of the state of th	he following person to receive a copy of the Lienor's Notice as provided in	
Section 712 12/11/h) Florida Statutes	OF	
b) Telephone No.:		
9. Expiration date of Notice of Commencement (the exis specified):    Commencement   Commenceme	epiration date will be 1 year from the date of recording unless a different date	
COMMENCEMENT ARE CONSIDERED IMPROFICE OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, DUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA	No an Alamana	
COUNTY OF COLUMBIA 10 Signature of O	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
Signature or o	and of Edded, of Other Control	
	Donne Graves	
	Printed Name and Signatory's Title/Office	
	ne, by means of physical presence or online notarization, a Florida Notary,	
this 05 day of APRIL 206	05, by: DONNA GRAVES as SELF (Name of Person) (Type of Authority)	
for SELF (name of party on behalf of whom instrument was	who is personally known OR produced identification	
Notary Signature Obhley Wood	Notary Stamp or Seal:  ASHLEY SMITH Notary Public-State of Florida Commission # HH 461434 My Commission Expires November 05, 2027	1