

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

26-75-16-04328-006

Clerk's Office Stamp

Inst: 202212005513 Date: 03/21/2022 Time: 10:36AM
Page 1 of 2 B: 1462 P: 997, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC JS
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 description):
a) Street (job) Address: 505 SW Worry Free Gln, Fort White FL 32038
2. General description of improvements: _____
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: MacknJill LLC 1023 Santa Anita st. Oceanside CA. 92058
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
a) Name and address: Same
b) Telephone No.: _____
5. Surety information (if applicable, a copy of the payment bond is attached):
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____
6. Lender
a) Name and address: _____
b) Phone No.: _____
7. Person within the State of Florida designated by Owner 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 the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: _____ 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. _____

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Robert Burkhardt - Manager MacknJill LLC
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, a Florida Notary,

this _____ day of _____, 20____, by: _____ as _____
(Name of Person) (Type of Authority)

for _____ who is personally known ☐ OR produced identification ☐
(name of party on behalf of whom instrument was executed)

Type ID _____

Notary Signature _____ (Notary Stamp or Seal)

Notary - see Attachment

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego }

On December 2, 2021 before me, Laura L. Riesenberg, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Robert William Burkhardt
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature

Laura L. Riesenberg
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Notice of commencement

Document Date: 12/2/21 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____