

Miles 3080

**AFTER RECORDING - RETURN TO:**  
**Worthmann Roofing & Gutters**  
17810 NW US HWY 441 High Springs, Florida 32643

PERMIT NUMBER: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Legal description of the property & street address, if available) TAX FOLIO NO.: 29-45-17-08650-000

SUBDIVISION \_\_\_\_\_ BLOCK \_\_\_\_\_ TRACT \_\_\_\_\_ LOT \_\_\_\_\_ BLDG \_\_\_\_\_ UNIT \_\_\_\_\_  
1022 SW County Rd 242A, Lake City, FL 32025. NW 1/4 of NE 1/4, E. 1/2 of NE 1/4 of Ex. Comm. A of NE 1/4 of ...

2. GENERAL DESCRIPTION OF IMPROVEMENT:  
Roof Replacement

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

a. Name and address: Fazonva Miles 1022 SW CR 242-A Lake City, FL 32025

b. Interest in property: Owner

c. Name and address of fee simple titleholder (if different from Owner listed above): \_\_\_\_\_

4. a. CONTRACTOR'S NAME: Worthmann Roofing & Gutters

Contractor's address: 17810 NW US HWY 441, High Springs, Florida 32643 b. Phone number: 352-472-3228

5. SURETY (if applicable, a copy of the payment bond is attached):

a. Name and address: \_\_\_\_\_

b. Phone number: \_\_\_\_\_ c. Amount of bond: \$ \_\_\_\_\_

6. a. LENDER'S NAME: \_\_\_\_\_

Lender's address: \_\_\_\_\_ b. Phone number: \_\_\_\_\_

7. Persons 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. Phone numbers of designated persons: \_\_\_\_\_

8. a. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: \_\_\_\_\_

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): \_\_\_\_\_, 20\_\_\_\_

**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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

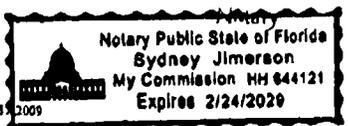
[Signature]  
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

\_\_\_\_\_  
(Print Name and Provide Signatory's Title/Office)

State of Florida  
County of Columbia

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization,  
this 17 day of Nov, 2025  
by Fazonva Miles as owner  
(name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)  
for \_\_\_\_\_  
(name of party on behalf of whom instrument was executed)

Personally Known \_\_\_\_\_ or Produced Identification  Type of Identification Produced DL



[Signature]  
(Signature of Notary Public)  
(Print, Type, or Stamp Commissioned Name of Notary Public)