Inst. Number: 202312014129 Book: 1495 Page: 1984 Page 1 of 1 Date: 7/28/2023 Time: 8:53 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:	
24.45.16.03114.117	
of the Florida Statutes, the following information is pro-	
1. Description of property (legal description); 2	4.45.16.03114.117 bend Dr. Lave City FL 37024
a) Street (job) Address: 101 - W 1000 2. General description of improvements: West	toll Re (DOX
3. Owner Information or Lessee information if the Lesse a) Name and address: CYCN 165 3 N	101 CESC HCMICK
b) Name and address of fee simple titleholder c) Interest in property	r (if other than owner) 1013W Arrow Derry DY. Laro City
4 Contractor Information	
a) Name and address: Paul McDaniel b) Telephone No.: 386-752-4072	2230 SE Baya Or. LAke City, FL 32025
5. Surety Information (if applicable, a copy of the payment)	
a) Name and address:	
c) Telephone No.:	
6. Lender	
b) Phone No	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13(l)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in
	OF
b) Telephone No.:	And the second s
9. Expiration date of Notice of Commencement (the expiration date of Notice of Commencement (the expiration date):90-Days	piration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAI	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE AND THE FOR
STATE OF FLORIDA	A COLUMN CACALATERAT.
COUNTY OF COLUMBIA 10X	Charles E. Dehnich
Signature of Ow	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
(Charles Helmick
Pr	rinted Name and Signatory's Title/Office
	e, a Florida Notary, this 21 day of JUU, 2023, by:
Charles Hemick as Owner	for
(Name of Person) (Type of Au	thority) for (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	Type
/ ()(\\ \\ \.	5 ************************************
Notary Signature	Notary Stamp or Seal: Notary Public State of Fit Christy Gehr