Inst. Number: 202412005866 Book: 1510 Page: 2213 Page 1 of 1 Date: 3/21/2024 Time: 9:12 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
Fax Parcel Identification Number:	
19-4S-17-08533-000 (31674	
of the Florida Statutes, the following information is pr	
1. Description of property (legal description): BEG SV	N COR OF SE1/4 OF NW1/4, RUN N 222 FT, RUN E TO C/L OF CREEK
a) Street (job) Address: 2007 SW BUSINE	SS POINT DR. LAKE CITY 32025
2. General description of improvements: REROOF	
3. Owner Information or Lessee information if the Less	see contracted for the improvements:
a) Name and address: KYLE TAMMERS 12	er (if other than owner)
	er (ir other trian owner)
A Contractor Information	
	HENS RD ST AUGUSTINE, FL 32060
b) Telephone No.: 904-631-0720	
5. Surety Information (if applicable, a copy of the payr	ment bond is attached):
c) Telephone No.:	
6 Lender	
b) Phone No.	wner upon whom notices or other documents may be served as provided by Secti
712 12/11/al7 Clarida Statutor:	
a) Name and address:	
b) Telephone No.:	
	All as I shall see that the
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(I)(b), Florida Statutes:	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the e	expiration date will be 1 year from the date of recording unless a different date
, -	
WARNING TO OWNER: ANY PAYMENTS MA	ADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
COMMENCEMENT ARE CONSIDERED IMPR	OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
ELORIDA STATLITES, AND CAM RESULT IN Y	OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
NOTICE OF COMMENCEMENT MUST BE RE	CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
INSPECTION. IF YOU INTEND TO OBTAIN FI	NANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
COMMENCING WORK OR RECORDING YOU	JR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	12. , 7
COUNTY OF COLUMBIA 10.	Dwner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Man
Notary Public State of Florida	Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partitle/Man
Lea M. Harrington	
My Commission HH 454882	
Expires 10/17/2027	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before	me, by means of physical presence or online notarization, a Florida No
10000	All VINA Languages Michael
this Wir day of VY LUYCY 200	24 by: Kyrelamners. Owner
•	(Name of Person) (Type of Authority)
	who is personally known OR produced identification
(name of party on behalf of whom instrument wa	
	Type ID
. 0	•
X I am Ha	(Plotary Stamp or Seal)
Notary Signature O Company V Company	Con I Charter A seems of seems