## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number: 003 Clerk's Office Stamp

nst: 202412012883 Date: 06/17/2024 Time: 12:30PM age 1 of 1 B: 1517 P: 303, James M Swisher Jr, Clerk of Court

Columbia, County, By: AH

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): 03471-006
a) Street (job) Address:
2. General description of improvements:
a) Name and address: 40000 Stephens 86595WSR247 Lake City FE 32014 b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property  4. Contractor Information  4. Contractor Information
a) Name and address: Dune - Location For Carport 86535WSR24732 b) Telephone No.:
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
c) Telephone No.:
6. Lender
a) Name and address:
<ul><li>b) Phone No</li></ul>
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(I)(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. Mound Items
Signature of Owder or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
gronne Stephens
Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this
Yvonne Stephens as Self for N/A.
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification V Type FL DL
EMALEIGH WARD
Notary Signature Muld Notary Stamp or Seal: MY COMMISSION # HH 525762 EXPIRES: October 18, 2026