NOTICE OF COMMENCEMENT	Clerk's Office Stamp
	Inst: 202512025102 Date: 10/31/2025 Time: 3:18PM
Tax Parcel Identification Number:	Page 1 of 1 B: 1553 P: 390, James M Swisher Jr, Clerk of Court Columbia, County, By: AK
03429-003	Deputy Clerk
0012100	
of the Florida Statutes, the following information is a	ements will be made to certain real property, and in accordance with Section 713.13 provided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description):	3429 -003
a) street (Job) Address: 01/ 50 3/4	The Lake Cary - D SEC Za
2. General description of improvements: Remo	<u>o</u> t
3. Owner Information or Lessee information if the Le a) Name and address: 1100+10-4	Detersen
	der (if other than owner)
A Contractor Information	
a) Name and address: Own	
b) Telephone No.: 5. Surety Information (if applicable, a copy of the particular description).	
5. Surety Information (if applicable, a copy of the pa	yment bond is attached):
a) Name and address:	
c) Telephone No.:	
6. Lender	
b) Phone No.	
7. Person within the State of Florida designated by C 713.13(1)(a)7., Florida Statutes:	Owner upon whom notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No.:	
	s 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.:	
Expiration date of Notice of Commencement (the is specified):	expiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPE FLORIDA STATUTES, AND CAN RESULT IN Y NOTICE OF COMMENCEMENT MUST BE RE	ADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE UR 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
	Tim Peterson
	Printed Name and Signatory's Title/Office
	Frinces Name and Signatory's Title/Office
	20 - 11 - 20
The foregoing instrument was acknowledged before	me, a Florida Notary, this 20 day of October, 20 25 by:
Time 11 , colorer Sav	NIA
limothy petersen as Delx	for VIII
(Name of Person) / (Type of	Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	OTYPE FC DC
-73	
Notary Signature	Notary Stamp or Seal:
	EMALEIGH WARD MY COMMISSION # HH 525762 EXPIRES: October 18, 2026