Inst. Number: 202312012320 Book: 1493 Page: 2734 Page 1 of 1 Date: 7/3/2023 Time: 9:16 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

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NOTICE OF COMMENCEMENT		Clerk's Of	fice Stamp	:
Tax Parcel Identification Number:				
00-00-00-14294-000				
THE UNDERSIGNED hereby gives notice that improvem of the Florida Statutes, the following information is pro-				
1. Description of property (legal description): Lot	4 Blk 5&6 & \$	3 16 Ft	1236 SW Castle H	aights Tarr
a) Street (Job) Address: 1230 5 2 7 2. General description of Improvements:	<u>کنی</u>		Lake City, FL 3202	25
3. Owner information or Lessee information if the Lessea) Name and address: アルストークト り Name and address of fee simple titleholde c) Interest in property <u>owner</u>	er (if other than ow	ner)		2025
4. Contractor Information a) Name and address:	O PO BOX 6	21 47,00 lan	10, FL 32762	
b) Telephone No.: 467-393-5 5. Surety Information (if applicable, a copy of the payma) Name and address: b) Amount of Bond:	nent bond is attach		· · · · · · · · · · · · · · · · · · ·	
c) Telephone No.:				
6. Lender a) Name and address:				
b) Phone No	ner upon Whom no	tices or other document	s may be served as provided by Section	·
8. In addition to himself or herself, Owner designates t Section 713.13(I)(b), Florida Statutes:				
a) Name:	OF			
9. Expiration date of Notice of Commencement (the ex		se 1 year from the date	of recording unless a different date	
is specified):				
WARNING TO OWNER: ANY PAYMENTS MA COMMENCEMENT ARE CONSIDERED IMPROFLORIDA STATUTES, AND CAN RESULT IN YOUNGTICE OF COMMENCEMENT MUST BE RECINSPECTION. IF YOU INTEND TO OBTAIN FIN COMMENCING WORK OR RECORDING YOU	PER PAYMENT. DUR PAYING TW CORDED AND PO IANCING, CONS	S UNDER CHAPTER VICE FOR IMPROVER STED ON THE JOB S ULT YOUR LENDER (713, PART I, SECTION 713.13, MENTS TO YOUR PROPERTY; A SITE BEFORE THE FIRST	4,
STATE OF FLORIDA COUNTY OF COLUMBIA 10	X Del	loll.		
Signature of O	wner or Lessee, or	Owner's or Lessee's Auth	norized Office/Director/Partner/Manager	<u>-</u> ,
<i>'</i>	Printed Name and	webb Signatory's Title/Office		-
The foregoing instrument was acknowledged before m		_	online notarization, a Florida Notary,	,
this 27 day of June 202	.3 , by: _ Dust	│ tin Webb	_as owner	
			(Type of Authority)	
for (name of party on behalf of whom instrument was	executed)	personally known	OR produced identification	
		Туре ID	W/00-14-90-060-0 B	xp-3/10/2
Notary Signature	(Notar	y Stamp or Seal)	RICHARD G. KAHLICH MY COMMISSION #HH130700 EXPIRES: MAY 20, 2025 or branch 1st State Insurance	