Inst. Number: 202512006968 Book: 1536 Page: 2249 Page 1 of 1 Date: 4/1/2025 Time: 11:19 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:	
01-5S-16-03397-205	
of the Florida Statutes, the following information is prov	
1. Description of property (legal description): LOT 1, COVI a) Street (job) Address: 141 SW EMORYWO	E AT ROSE CREEK S/D, EX BEG NE COR OF LOT 1, SE 454.76 FT, SW 161.90 FT, NW 546.22 FT,
2. General description of improvements: Remove old	I shingle roof, replace with new shingle roof
3. Owner Information or Lessee information if the Lesse a) Name and address: SWEENOR JOSEPH MONROES b) Name and address of fee simple titlebolders.	e contracted for the improvements: SWEENOR DIANE RENEE141 SW EMORYWOOD GLNLAKE CITY, FL 32024 (if other than owner)
	(ii other than owner)
	Commons LP Ste 115-315 Lake City 32055
 b) Telephone No.: 3528884676 5. Surety Information (if applicable, a copy of the payment) a) Name and address: 	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:6. Lender	
a) Name and address:	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Continu 712 12/11/h) Elorida Statutos:	e following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
·	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	PE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DROBED AND POSTED ON THE JOB SITE-BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10 Signature of Ow	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
7	rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	
this ZOFA day of MOVAN 20 Z	by: Joseph Dweenor as Dwnw (Type of Authority)
for	who is personally known OR produced identification
(name of party on behalf of whom instrument was e	executed) Type ID
Notary Signature W. W. W. W.	Notary Public State of Florida Jessica M Wilson My Commission HH Braistee 12/202 Expires 12/4/2028