

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. _____ Tax Folio No. 29-45-16-03236-106
State of FL County of Columbia

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: 1046 Kelliche Estates S/D. 758-1245, 774-891, 860-234, 898-2628, 970-1592, Ave 971-2430, WD 1076-2622, C71335-494, WD 1344-504, WD 1438-529

Address of property being improved: 191 SW Kelliche Gln, Lake City, FL 32024

General description of improvements: Roof Replacement

Owner: Ramsey Baum & Kristal Evans

Address 191 SW Kelliche Gln Lake City, FL 32024

Owner's interest in site of the improvement _____

Fee Simple Titleholder (if other than owner) _____

Name _____

Address _____

Contractor Honest Abc Roofing

Address 8936 Western Way Ste 10 Jacksonville, FL 32256

Phone No. 904-341-7663 Fax No. _____

Surety (if any) _____

Address _____

Amount of bond \$ _____

Phone No. _____

Fax No. _____

Name and address of any person making a loan for the construction of the improvements.

Name Foundation Finance

Address _____

Phone No. _____

Fax No. _____

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name _____

Address _____

Phone No. _____

Fax No. _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name _____

Address _____

Phone No. _____

Fax No. _____

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): _____

THIS SPACE FOR RECORDER'S USE ONLY

Signed X Ramsey Baum OWNER
Before me this _____ day of _____ DATE _____ in the
County of Duval, State of Florida, has personally appeared
himself/ herself and affirms that all statements and declarations herein
are true and accurate
Katelynn Fuller
Notary Public at Large, State of _____ County of _____
My commission expires: _____
Personally Known _____ or
Produced Identification _____

