Inst. Number: 202412012556 Book: 1516 Page: 2203 Page 1 of 1 Date: 6/12/2024 Time: 2:11 PM 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:	
_	
30-55-18-10609-001	·
THE UNDERSIGNED hereby gives notice that improven of the Florida Statutes, the following information is pn	
Description of property (legal description): 1 4 a) Street (job) Address:	F
2, General description of improvements: <u>NCW</u>	home Construction
3. Owner Information or Lessee information if the Less a) Name and address: Jeff - Mond	a Malov
 b) Name and address of fee simple titleholds c) Interest in property (00) 	er (if other than owner)
4. Contractor Information a) Name and address: 156,64 b) Telephone No.: 346 - 4	67 - 6046
5. Surety Information (if applicable, a copy of the payn	ment bond is attached):
a) Name and address: b) Amount of Sond:	
c) Telephone No.:	
6. Lender a) Name and address:	
b) Phone No.	
7. Person within the State of Horida designated by Ow 713.13(1)(a)7., Florida Statutes: a) Name and address:	vner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13(I)(b), Florida Statutes: a) Name:	the following person to receive a copy of the Lienor's Notice as provided in OF
	expiration date will be 1 year from the date of recording unless a different date
is specified):	when more man he I ken would me once of Lecthring miners a constant once
COMMENCEMENT ARE CONSIDERED IMPROFUNITION OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	Man Allan
COUNTY OF COLUMBIA 10, // Signature of Of	wher or Lessee's or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Mona (Malov Dwhor
/ _P	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	J
(Name of Person) (Type of At	for
Personally Known <u>L</u> OR Produced Identification _	Type
Notary Signature <u>Jummy</u> Juli	Type MY COMMISSION EXPIRES 4-21-2028 Notary Stamp or Seal:
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