NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
36-3S-16-02610-000	
THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT .	
1. Description of property (legal description): COMMSECOR a) Street (lob) Address: 2218 W US Hwy 90 Lake Ci	OF SW1/4, RUN W 50 FT, N 299 14 FT FOR POB, CONTIN 183.61 FT TO S RAW US-90, RUN S 63 DG E ALONG RAW 101 FT S 206.80 FT, W 56.7see prop care ty, FI. 32055
2. General description of improvements: Remodel unit 10	2-103
3. Owner Information or Lessee information if the Lessee contracted for the improvements: a) Name and address: Larry K. Shaw 2971 172nd st Lake City, Fi. 32024	
 b) Name and address of fee simple titleholder 	r (if other than owner)
4. Contractor Information	
a) Name and address: Same as item 3	· .
b) Telephone No.: 386-867-3464	
S. Surety Information (if applicable, a copy of the paym a) Name and address: Not applicable	ent bond is attached):
b) Amount of Bond:	
6. Lender a) Name and address: Not applicable	
b) Phone No	10-10-7-01-00-01
· -	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes: a) Name and address: Jennifer Shaw 2971 172nd St	Lake xity FI, 32024
b) Telephone No.: 386-755-9070	
·	ne following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes: a) Name: Not applicable	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIOA	
COUNTY OF COLUMBIA	
Signature of Ow	/ner or Lessee, or Dwner's or Lessee's Authorized Office/Director/Partner/Manager
	Cary 1. SHAN OWNER
	Printed Name and Signatory's Title/Office
The face is a factor where the same and the same and the factor is a factor of the fac	
The foregoing instrument was acknowledged before me	
this 29 day of November, 202	uuu
	(Name of Person) (Type of Authority)
for Self	who is personally known OR produced identification
(name of party on behalf of whom instrument was executed) Type ID	
Notary Signature and Company	(Notary Stamp or Seal) CARRIE N LARSON Notary Public - State of Florida Commission # HH 190429

Commission # HH 190429