Inst. Number: 202112015735 Book: 1444 Page: 842 Page 1 of 1 Date: 8/5/2021 Time: 12:37 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:	
27.38.16.02317.001	
of the Florida Statutes, the following information is pro-	
1. Description of property (legal description): 27	33.16.02317.001
a) Street (job) Address: 2. General description of improvements: (Y)	
a) Name and address: MWW M SWI b) Name and address of fee simple titleholde c) Interest in property WY	re contracted for the improvements: 1207 123 NUS FENMOXE GILENN LGKC CITY FL 32055 10 of other than owner) 10 of other than owner)
A Contractor Information	
a) Name and address: Paul McDaniel b) Telephone No.: 386-752-4072	2230 SE Baya Dr. LAke City, FL 32025
Surety Information (if applicable, a copy of the payment)	ent bond is attached):
a) Name and address:	
b) Amount of Bond: c) Telephone No.:	
6. Lender	The state of the s
	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	igh apon whom notices of other documents may be served as provided by books.
b) Telephone No.:	
	he following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	OF
b) Telephone No.:	
· · · · · · · · · · · · · · · · · · ·	
Expiration date of Notice of Commencement (the exist specified): On Dove	spiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED TO THE PROFILE OF COMMENCEMENT MUST BE RECOMMENCEMENT MUST BE RECOMMENTED FOR M	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, DUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST JANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10 L Min C. A witz Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
Signature of O	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Printed Name and Signatory's Title/Office
7	Printed Name and Signatory's Title/Office
	\sim \sim \sim \sim
The foregoing instrument was acknowledged before n	ne, a Florida Notary, this 5 day of 9005 20 21 by:
Maluka Suitzer ~ Owner	for
(Name of Person) (Type of A	thority) for (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	Туре
	5 ~~~~~~~~~
Notary Signature	Notary Stamp or Seal: Notary Public State of Florida Christy Gehr
	MV Commission Metalogo