Inst. Number: 202212012025 Book: 1469 Page: 960 Page 1 of 1 Date: 6/20/2022 Time: 10:04 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:		
00-00-00-13176-000		
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov		
Description of property (legal description):567 NE L a) Street (job) Address:		
2. General description of improvements:		
3. Owner Information or Lessee information if the Lessee a) Name and address: 1992 NW Bascom Noms Drive b) Name and address of fee simple titleholder c) Interest in property	(if other than owner)	56Y\
4. Contractor Information		
a) Name and address: 295 NW Commons LP ste b) Telephone No.: 352~853~4676	115-315, Lake City FL 32055	TMT Roofing LLC
Surety Information (if applicable, a copy of the payme a) Name and address:	·	
b) Amount of Bond: c) Telephone No.:		
6. Lender	The state of the s	The state of the s
a) Name and address:		
7. Person within the State of Florida designated by Owne 713.13(1)(a)7., Florida Statutes: a) Name and address:		
b) Telephone No.:		•
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes: a) Name: b) Telephone No.:	OF	· ·
Expiration date of Notice of Commencement (the exp is specified):	iration date will be 1 year from	
WARNING TO OWNER: ANY PAYMENTS MAD COMMENCEMENT ARE CONSIDERED IMPROFFLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOINSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	E BY THE OWNER AFTER T PER PAYMENTS UNDER CH JR PAYING TWICE FOR IM PRDED AND POSTED ON TI INCING, CONSULT YOUR L	IAPTER 713, PART I, SECTION 713.13, PROVEMENTS TO YOUR PROPERTY; A HE JOB SITE BEFORE THE FIRST ENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA	D-An	
	olson (Jun 16, 2022 06:15 EDT) ner or Lessee, or Owner's or Les:	see's Authorized Office/Director/Partner/Manager
п	an Olson	
_	rinted Name and Signatory's Tit	lo /Office
•	mited Name and Signatory 5 fit	re/Office
The foregoing instrument was acknowledged before me,		
this 16 day of Jone 2077	by: Dan Olson (Name of Person)	as CLUYLV
for	who is seemed !	(rype of Authority)
for (name of party on behalf of whom instrument was ex	xecuted)	Type ID
Notary Signature M	(Notary Stamp or Sea	MADISON PARRISH Notary Public-State of Florida Commission # HH 119024 My Commission Expires April 19, 2025