Inst. Number: 202312020147 Book: 1501 Page: 1797 Page 1 of 1 Date: 10/27/2023 Time: 9:01 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:	
11-4S-16-02911-320 (12994)	
of the Florida Statutes, the following information is prov	
1. Description of property (legal description): LOT 20 M a) Street (job) Address: 217 SW LUCILE CT, LA	MAY-FAIR S/D UNIT 3. WD 1084-2783, WD 1295-983, WD 1348-631, KE CITY
2. General description of improvements: Shingle Re-roof	
Owner Information or Lessee information if the Lesse a) Name and address: PARKER DALTON W PARKER A Name and address of foe simple titleholder	re contracted for the improvements: RER AMBER R 217 SW LUCILE CT LAKE CITY, FL 32024 r (if other than owner)
,	(ii) dute: crait officery
4. Contractor Information a) Name and address: TMT ROOFING LLC 295 b) Telephone No.: 3528884676	NW Commons Lp ste 115-315
5. Surety Information (if applicable, a copy of the paym	
b) Amount of Bond:	
c) Telephone No.:	
a) Name and address:	
b) Phone No	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:	
,	
Cartion 712 12/1/h) Elorida Statutos:	he following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the exist specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFUNCTION 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, DUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10	Chrill Yalker
Signature of O	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Amber Parker
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before n	ne, by means of hysical presence or online notarization, a Florida Notary,
this day of 20_0	by: (Name of Person) (Type of Authority)
for.	who is personally known OR produced identification
for	s executed)
\wedge \prime	Type ID
Notary Signature	Notary Public State of Florida Alyssa Miller (Notary Stamp or Seal) My Commission HH 312322 Expires 9/14/2026