## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

21-75-17-10039-107

Clerk's Office Stamp

EXPIRES: July 26, 2026

Inst: 202212024693 Date: 12/29/2022 Time: 11:51AM

Page 1 of 1 B: 1482 P: 234, James M Swisher Jr, Clerk of Court Columbia, County, By: VC

Deputy Clerk

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): LOT 7 a) Street (job) Address: HERMI TRUE	HERMITAGE GLEN, HIGH SPRINGS, 32643
2. General description of improvements: BUILD NEW	HOME
3. Owner Information or Lessee information if the Lessee contracted a) Name and address: 667661 FAPMS LL b) Name and address of fee simple titleholder (if other than c) Interest in property 10070	an owner) NA
4. Contractor Information a) Name and address: LERNER LUHRY b) Telephone No.: 352-514-8000	PROPERTIES
5. Surety Information (if applicable, a copy of the payment bond is a a) Name and address:  b) Amount of Bond: c) Telephone No.:	attached):
6. Lender a) Name and address: b) Phone No.	
7. Person within the State of Florida designated by Owner upon who 713.13(1)(a)7., Florida Statutes:  a) Name and address: BICC GETGER  b) Telephone No.:	om notices or other documents may be served as provided by Section
b) Telephone No.:	
<ol> <li>Expiration date of Notice of Commencement (the expiration date is specified):</li> </ol>	will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE COMMENCEMENT ARE CONSIDERED IMPROPER PAYM FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING NOTICE OF COMMENCEMENT MUST BE RECORDED AN INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, COMMENCING WORK OR RECORDING YOUR NOTICE OF	ENTS UNDER CHAPTER 713, PART I, SECTION 713.13, G TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ID POSTED ON THE JOB SITE BEFORE THE FIRST ONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA	
JERRY	e, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Printed Name	and Signatory's Title/Office
BARREMY 4. COMO	otary, this 2200 day of OSCOMBER , 20 22, by:
(Name of Person) (Type of Authority)	(name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification U Type	
0 0	
Notary Signature Management of the Notary Signature	Notary Stamp or Seal:  MADELYN MCDAVID