NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 202312001843 Date: 02/03/2023 Time: 11:32AM

Page 1 of 1 B: 1483 P: 2796, James M Swisher Jr, Clerk of Court

Columbia, County, By: VC

Deputy Clerk

32-45-17-09116-126 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**.

a) Street (iob) Address:	1915 of rose Creek Lot 26 396 5W Oak Way, Lake City, FL 32025
2. General description of improveme	ints: Inground Swimming pool
Owner Information or Lessee information a) Name and address:	mation if the Lessee contracted for the improvements: 396 50 00k Way, lake City e simple titleholder (if other than owner) 300
4. Contractor Information a) Name and address: b) Telephone No.: 358	hree Palm Pools LLC/David Broom P.O. Box 152 Newberr 2-246-7009 FL 32669
a) Name and address:	a copy of the payment bond is attached):
c) Telephone No.:	
b) Phone No	designated by Owner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Stat	rutes:
일을 바다 보고 있다면 가장 없는 것이 되었다. 그리고 있는 것은 모든 모든 것이 되었다.	
b) Telephone No.:	NAME OF TAXABLE PARTY O
8. In addition to himself or herself, O	owner designates the following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florid	
a) Name:	OF
b) Telephone No.:	
	nencement (the expiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONS FLORIDA STATUTES, AND CAN NOTICE OF COMMENCEMENT INSPECTION. IF YOU INTEND	PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A IT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE CORDING YOUR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	melle Cel Form X 11
COUNTY OF COLUMBIA	Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Kristi Williams
	Printed Name and Signatory's Title/Office
	Printed Name and Signatory's Title/Office
The foregoing instrument was ackno	owledged before me, a Florida Notary, this 11th day of November 20 22, by:
Kristi Williams (Name of Person)	as Ouver for (Type of Authority) for (name of party on behalf of whom instrument was executed)
Personally Known OR Produce	ed Identification X Type FL DC
Notary Signature	Notary Stamp or Seal: DAVID MATTHEW BROOM Commission # HH 063515 Expires February 25, 2025 Bonded Thru Troy Fein Insurance 800-385-701