Tax Parcel Identification Number:	Clerk's Office Stamp Inst: 202212019344 Date: 10/07/2022 Time: 8:18AM Page 1 of 1 B: 1476 P: 2307, James M Swisher Jr, Clerk of Court
Tax Parcel Identification Number:	Den 1 of 1 D. 1476 D. 2307 James M Swisher Jr. Clerk of Court
	Columbia, County, By: VC
18-4S-17-08481-002	Deputy Clerk
THE UNDERSIGNED hereby gives notice that improvements of the Florida Statutes, the following information is provide	will be made to certain real property, and in accordance with Section 713.13 d in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description):18-4S-1	17-08481-002
a) Street (job) Address: <u>432 SW Hudso</u> 2. General description of improvements: <u>new resident</u>	n Lane, Lake City FL 32025
3. Owner Information or Lessee information if the Lessee co a) Name and address:Juliana Moore	· · · · · ·
b) Name and address of fee simple titleholder (if o	other than owner)
c) Interest in property	
a) Name and addross Juliang. I.Y.	bond is attached):
b) Telephone :	hand is attached):
a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:6. Lender	
a) Name and address: <u>N/A</u>	
 b) Phone No	pon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	
b) Telephone No.:	
	llowing person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes: a) Name:	OF
b) Telephone No.:	
	tion date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROPER FLORIDA STATUTES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORD	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF R PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DED AND POSTED ON THE JOB SITE BEFORE THE FIRST CING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE DTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA	or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Owner	or Lessee, or Owner's or Lessee's Authonized Onice/Director/Partner/Manager
	Juliana Moore, Owner
	ted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, by	means of Aphysical presence or Conline notarization, a Florida Notary,
this ZZuday of States 20 ZZ	
uns uay un 20 20	(Name of Person) (Type of Authority)
for	who is personally known OR produced identification
(name of party on behalf of whom instrument was execu	uted)
	Type ID FCD-iver'S license
Settle sector sector	
1 this	matter and the second