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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): 25.45.17.08739.008 a) Street (job) Address: 448 SE Daysone CD LORG CHAIL 22006
2. General description of improvements: Metal Roof
3. Owner Information or Lessee Information if the Lessee contracted for the Improvements: a) Name and address: b) Name and address of fee simple titleholder (if other than owner) c) Interest in property OWNEY
4. Contractor Information a) Name and address: Reed McDaniel Construction 2230 SE Baya Dr. Ste. 101 b) Telephone No.: 386-752-4072
5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: b) Amount of Bond:
c) Telephone No.:
6. Lender a) Name and address:
b) Phone No.
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: a) Name and address: b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes: a) Name: b) Telephone 10.
b) Telephone No.:
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713,13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10) 10) 10)
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
X Charles E. Sage TIE
Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this 29 day of April , 20 21 by:
(Name of Person) as OWNEY for Reed McDaniel Construction (Type of Authority) (name of party on helpalf of whom instrument was as a construction)
(varied at barry out petion of whom mistigration was executed)
Personally Known OR Produced Identification Type
Notary Signature School Notary Stamp or Seal: Notary Public - State of Florida Commission # GG 287545
Bonded through National Notary Assn: