NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
19.75-17-10025-104 (37521)	
THE UNDERSIGNED hereby gives notice that improvement the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 400	exhibit "A"
a) Street (job) Address: 155 SU Guernscy Way, FT white, F1 32038 2. General description of improvements: 64:0312 Roof	
3. Owner Information or Lessee information if the Lesse a) Name and address: b) Name and address of fee simple titleholder c) Interest in property 4. Contractor Information	(if other than owner) 1114
a) Name and address: William D.M. b) Telephone No.: 35 2: 37 5-700	seld/4566 NW 5th Blug ste I, Go. nesville 11 32609
5. Surety Information (if applicable, a copy of the payme a) Name and address:	
b) Amount of Bond: V/A	
6. Lender	
713.13(1)(a)7., Florida Statutes;	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.: With	
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes: a) Name: b) Telephone No.:	e following person to receive a copy of the Lienor's Notice as provided in OF 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	Only 4 me on thank Or
COUNTY OF COLUMBIA 10. X Signature of Own	John Weyne Hark J. ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
<u> </u>	Dan Loyne Stork TI Horeoner nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me,	a Florida Notary, this 7th day of February 2023 by:
	for
Personally KnownOR Produced Identification	Type FLDL 5362-47-44-148-0
Notary Signature	Notary Stamp or Seal: Notary Stamp or Seal: Notary Public State of Florida Comm# HH064824 Expires 11/18/2024