Inst. Number: 201312016070 Book: 1263 Page: 1401 Date: 10/22/2013 Time: 9:44:00 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	het.201312016070 Date 10/22/2013 Time 9 44 AM DC.P DeWitt Cason, Columbia County Page 1 of 1 B 1263 P 1401
Tax Parcel Identification Number	County Clerk's Office Stamp or Seal
THE UNDERSIGNED hereby gives notice that improvements will be ma Florida Statutes, the following information is provided in this NOTICE C	de to certain real property, and in accordance with Section 713 13 of the
1 Description of property (legal description): 1258 5 w 5.5 fer a) Street (job) Address 0/+ 4.5 -16 -0.0697 - 0.00 2 General description of improvements Pool Englosure	5 Wellome Rd Wife City, Fl 32056
3 Owner Information a) Name and address Encl Received 12585w 5. b) Name and address of fee simple titleholder (if other than own c) Interest in property Fee simple 4 Contractor Information a) Name and address b) Telephone No 352-472 -6850	
5 Surety Information a) Name and address	u Vertical alternaturispilate (Millionalarinis Parkampitrikis (15) aprila (5) tapinis (15)-immedia.
6 London	Fax No (Opt.)
a) Name and address b) Phone No. 7 Identity of person within the State of Florida designated by owner upor a) Name and address b) Telephone No.	n whom notices or other documents may be served
b) Telephone No.	Fax No. (Opt.)
8 In addition to himself, owner designates the following person to receive Florida Statutes a) Name and address b) Telephone No	e a copy of the Lienor's Notice as provided in Section 713 13(l)(b), Fax No (Opt)
9 Expiration date of Notice of Commencement (the expiration date is o is specified)	one year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWN COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR	NER AFTER THE EXPIRATION OF THE NOTICE OF IS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA R IMPROVEMENTS TO YOUR PROPERTY, A NOTICE OF THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND
	gnature of Owner or Owner's Authorized Office/Director/Partner/Manager FALL Recle Int Name
The foregoing instrument was acknowledged before me, a Florida Notary, the	
fact) for	(type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type Oriver Notary Signature October Winds	
11 Verification pursuant to Section 92.525, Florida Statutes. Under facts stated in it are true to the best of my knowledge and belief.	penelties of perjury, I declare that I have read the foregoing and that the