NOTICE OF COMMENCEMENT		
	Clerk's Office:	otamp
Tax Parcel Identification Number:		
36-4S-16-03373-018		
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ents will be made to certain real property, and	in accordance with Section 713.13
1. Description of property (legal description). 101 18 SOUTHWAY	NO ACORD OR LAND	DC 1356-1607, QC 1356-1609,
a) Street (job) Address: 197 SW PRISM 2. General description of improvements: Re-Roof	VI LOOD, LAKE CITY	
3. Owner Information or Lessee information if the Lessee a) Name and address: LYNN SANDRA MLYNN ROBER b) Name and address of fee simple titleholder c) Interest in property	G 248 WOODWARD RDNASSAU, NY 12123	
c) Interest in property	,	
a) Name and address. Richard Dorman		
b) Telephone No.: 352-581-7333	6650 S Pi	ne Ave
5. Surety Information (if applicable, a copy of the payme	nt bond is attached):	
a) Name and address: b) Amount of Bond:		
b) Amount of Bond: c) Telephone No.:		
6. Lender		
a) Name and address:		
7. Person within the State of Florida designated by Owne 713.13(1)(a)7., Florida Statutes: a) Name and address: b) Telephone No.:		be served as provided by Section
b) Telephone No.:		
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes: a) Name: b) Telephone No:	OF	
		× 1
Expiration date of Notice of Commencement (the expirits specified):	ration date will be 1 year from the date of rec	ording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE COMMENCEMENT ARE CONSIDERED IMPROPE FLORIDA STATUTES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECOFFINSPECTION. IF YOU INTEND TO OBTAIN FINANCOMMENCING WORK OR RECORDING YOUR NOTICE OF FLORIDA COUNTY OF COLUMBIA	BY THE OWNER AFTER THE EXPIRATI ER PAYMENTS UNDER CHAPTER 713, I R PAYING TWICE FOR IMPROVEMENT RDED AND POSTED ON THE JOB SITE E	PART I, SECTION 713.13, IS TO YOUR PROPERTY; A BEFORE THE FIRST N ATTORNEY BEFORE
	ert Lynn Homeowner	omec, orrector/Farther/Manager
	ed Name and Signatory's Title/Office	
Time	ed Name and Signatory's Title/Office	
he foregoing instrument was acknowledged before me, a	Florida Notary, this 8 day of July	, 20 ²² , by:
Robert Lynn as Homeowner	for Robert Lynn	
(Name of Person) (Type of Autho	rity) (name of party on behalf of	whom instrum
	the second of the second of	BETHANY TALLEY
ersonally Known OR Produced IdentificationX	Type FDL 417-829-693	NOTARY PUBLIC
otary Signature Bothany, Talley.	Notary Stamp or Seal:	STATE OF FLORIDA Commission #HH 252054 My Commission Expires 4/12/2
	trocary stamp or sear:	ONLINE NOTARY