Inst. Number: 202312023365 Book: 1504 Page: 1382 Page 1 of 1 Date: 12/13/2023 Time: 11:05 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
Tax Parcel Identification Number: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	
THE UNDERSIGNED hereby gives notice that improvem of 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.	N 0
Description of property (legal description): a) Street (job) Address: General description of improvements:	HILL COLL KOSE CREEK SID I HILL CREEK Dr. LOKE CITY I = 1 3202 Around swimming pool	hase 2 5
3. Owner Information or Lessee information if the Lesse a) Name and address: 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ek Dr. Lake City i=L 32025
4. Contractor Information a) Name and address: 155 (CO) b) Telephone No.: 256 (O) 5. Surety Information (If applicable, a copy of the paym	L. Fraze, 346 NW Ty Gln, Lake C 12-6732 ent bond is attached:	ity, FL 32055
a) Name and address:		
c) Telephone No.:	Federal Bank of Florida	
b) Phone No. 7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes: a) Name and address: b) Telephone No.:	ner upon whom notices or other documents may be served as provided by Section	
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Llenor's Notice as provided in	
a) Name:	OF	
b) Telephone No.:		
Expiration date of Notice of Commencement (the expis specified):	oiration date will be 1 year from the date of recording unless a different date	
COMMENCEMENT ARE CONSIDERED IMPROPRIORIDA STATUTES, AND CAN RESULT IN YOUNGTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Ow	Strela Blackwell ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager Shella Black (1) Plan	
	inted Name and Signatory's Title/Office 12 13 15 16 17 17 17 17 17 17 17 17 17	
The foregoing instrument was acknowledged before me Shell Blockubal Output (Name of Person) (Type of Aut	her for	
Personally Known Known OR Produced Identification		
Notary Signature Susan L.	Motary Stamp or Seal:	

