Inst. Number: 201312005638 Book: 1252 Page: 2487 Date: 4/12/2013 Time: 3:12:48 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

	Ast 201312005638 Date 4/12/2013 Time 3.12 PM DC,P DeWitt Cason, Columbia County Page 1 of 1 B:1252 P:2487
NOTICE OF COMMENCEMENT	
Tax Parcel Identification Number 34-35-17-07010-0	County Clerk's Office Stamp or Seal
THE UNDERSIGNED hereby gives notice that improvements will be mad Florida Statutes, the following information is provided in this NOTICE Of	
1. Description of property (legal description): 649 Bloc. a) Street (Job) Address: 430 SE Tribble 2. General description of improvements:	&D Belleve So St. Lake City of 32025
2. General description of improvements: Dames	e Repairs
x 3. Owner Information a) Name and address: Shirkay m. Robeys n b) Name and address of fee simple titt molder (if other than owner c) Interest in property	-430 SE-Tribble St-Lake lity,)
	NO Lett St. Ste. A, Gainesville, Ac 32609 Fax No. (Opt.)
5. Surety Information	
a) Name and address: b) Amount of Bond:	
c) Telephone No.:	Fax No. (Opt.)
6. Lender a) Name and address:	
b) Phone No.	
7. Identity of person within the State of Florida designated by owner upon	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.:	(2), M(2)(7)
Expiration date of Notice of Commencement (the expiration date is one is specified):	year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR I COMMENCEMENT MUST BE RECORDED AND POSTED ON THE TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTYOUR NOTICE OF COMMENCEMENT.	R AFTER THE EXPIRATION OF THE NOTICE OF UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA MPROVEMENTS TO YOUR PROPERTY; A NOTICE OF E JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND
STATE OF FLORIDA COUNTY OF COLUMBIA Sign	ature of Owner of Owner's Authorized Office Oirector/Partner/Manager
Y OPrint	thirley m. Roberson
The foregoing instrument was acknowledged before me, a Florida Notary, this	10 m day of April 20 13 by
Shirley Roberson as Dwner	(type of authority, e.g. officer, trustee, attorney
fact) for Shirley Roberson	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type	
-AN	
 Verification pursuant to Section 92.525, Florida Statutes. Under pen facts stated in it are true to the best of my knowledge and belief. 	Shirtly my Kobelsa nature of Natural Person Signing (in line #10 above.)