THIS INSTRUMENT PREPARED BY:	
Name: Blue Valor Roofing	_
Address: 4216 Williams St. Fruitland Park, Fl 34731	
NOTICE OF COMMENCEMENT	
Permit Number:	
Parcel ID Number: 01-45-16-02670-002	
The undersigned hereby gives notice that improvement will be made to certain real property, an following information is provided in the Notice of Commencement.	id in accordance with Chapter 713, Florida Statues, the
1. DESCRIPTION OF PROPERTY: (Legal description of the property and street address if a NY2 OF SEXY lying Wof SR-341+5 of Grand Art. Ob 397-753 Brandywire Apartments	duirw 7085WSigners Welconek Lake City, FL: (Brildings K+M)
2. GENERAL DESCRIPTION OF IMPROVEMENT	
Removal and Replacement of Roofing System (Plywood and Up) 3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRA Name and Address: Later City Homes [TD] 708 SW S Interest in Property: Owner	isters VelcomeRd. LakeCity.FL
Fee Simple Title Holder (if other than owner listed above) Name:	
Address:	262 (31 00)
4.CONTRACTOR: Name: Blue Valor Roofing	Phone Number: 352-431-9913
Address: 4216 Williams St. Fruitland Park, Fl 34731	
5. SURETY (If applicable, a copy of the payment bond is attached):	Name
Address:	Amount of Bond
6. LENDER: Name:	Phone Number:
Address:	
7. Persons within the State of Florida Designated by Owner upon whom notice or other d	ocuments may be served as provided by Section
713.13(1)(a)7., Florida Statues.	
Name:	Phone Number
Address:	
8. In addition, Owner designates	_ of
to receive a copy of the Lienor's Notice as provided in Section 713-13(1)(b). Florida Statutes	Phone Number
 Expiration Date of Notice of Commencement (The expiration is 1 year fromm date of record date is specified) 	
WARNING TO OWNER: ANY PAYMENTSW MADE BY THE OWNER AFTER THE EXPIRATION OF IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713-13, FLORIDA STATUES, AN IMPROVEMENTS TO YOUR PROPERTY, A NOTICE OF COMMENCEMENT MUST BE RECORDED INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN RECORDING YOUR NOTICE OF COMMENCEMENT (Signature of Owner or Ussee, or Owner's ord Assec's Authorized Officer' Director Partner/Manager)	AND POSTED ON THE JOB SITE BEFORE THE FIRST ALTORNEY BEFORE COMMENCING WORK OR Magaski Agusta Signatory's Taleoffice)
State of Florida County of <u>LAKE</u> . The foregoing instrumen day of いいしょしゃ by <u>SACUE</u> MALAUSK!	it was acknowledged before me this conally known to me OR who has
CHRISTOPHER J. OGDEN Commission # HH 085355 Expires January 27, 2025 Bonded Thru Troy Fair Insurance 800-385-7019	Signature