Inst. Number: 202312001831 Book: 1483 Page: 2769 Page 1 of 1 Date: 2/3/2023 Time: 9:25 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:	
22-3S-16-02269-125 (7902)	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13
a) Street (job) Address: 341 NW LAKE	LAKE VALLEY IN WOODBOROUGH S/D PHASE 7 ORB 996-192, WD 1018-153 VALLEY TER, LAKE CITY e-Roof
3. Owner Information or Lessee information if the Lesse a) Name and address: KISS TIMOTHY J K	e contracted for the improvements: ISS YVETTE 341 NW LAKE VALLEY TERR LAKE CITY, FL 32055 (if other than owner)
Contractor Information a) Name and address: <u>TMT Roofing LLC 2</u>	95 NW Commons Lp Ste 115-315 Lake City, FL 32055
5. Surety Information (if applicable, a copy of the payme	ent bond is attached):
c) Telephone No.:6. Lender	
 b) Phone No. 7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes: 	er 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:	e following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:	of
Expiration date of Notice of Commencement (the expire is specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE 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 DROED AND POSTED ON THE JOB SITE BEFORE THE FIRST INCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Ow	ner or Lessee or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me Brooke M. Ewery as Notar	u for State of Florida
(Name of Person) (Type of Aut Personally Known OR Produced Identification X	hBrity) (name of party on behalf of whom instrument was executed) Type State Drivers License
Notary Signature BullelulCe	Notary Stamp or Seal: Notary Stamp or Seal: Brooke Michel Emery NOTARY PUBLIC STATE OF FLORIDA Comm# GG342072 Expires 6/5/2023