Inst. Number: 202412006054 Book: 1510 Page: 2692 Page 1 of 1 Date: 3/25/2024 Time: 9:06 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
14-49-16-07985-000	·
THE UNDERSIGNED hereby gives notice that improvements will of the Florida Statutes, the following information is provided in	II be made to certain real property, and in accordance with Section 713.13 ntils MOTICE OF COMMENCEMENT.
1. Description of property (legal description):	NW Corof SW 1/4, Kuns. 40. 23 Ft. Ealong South maintained R/W
a) Street (106) Address: 11 (10 90) May Hall 123 (1 2. General description of improvements: Kemail 010 90)	gle roof, replace with new oningle roof
3. Owner Information or Lessee information if the Lessee control a) Name and address: 0(0000000000000000000000000000000000	racted for the improvements.  WHOPE HENRY OF LANE (144, FL 32024  er than owner)
	vHevs 11810 Nwvshwy441 Highsprings, FL 37443
5. Surety Information (if applicable, a copy of the payment bor	id is attached]:
c) Telephone No.:	
713.13(1)(a)7., Floride Statutes:	n whom notices or other documents may be served as provided by Section
a) Name and address:	
Section 713.13(i)(b), Fiorida Statutes: a) Name:	wing person to receive a copy of the Lienor's Notice as provided in  OF
Expiration date of Notice of Commencement (the expiration is specified):	date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROPER PACTORIDA STATUTES, AND CAN RESULT IN YOUR PACTORIDE OF COMMENCEMENT MUST BE RECORDED NSPECTION. IF YOU INTEND TO OBTAIN FINANCING COMMENCING WORK OR RECORDING YOUR NOTICE.	
TATE OF FLORIDA OUNTY OF COLUMBIA 10, BUT	MDELLY, (AWEND) Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Owner or L	essee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Himbo	ชโบ Grueno
Printed I	Name and Signatory's Title/Office
he foregoing instrument was acknowledged before me, by mea	ans of physical presence or online notarization, a Fiorida Notary,
	(Name of Person)  As OWNER  (Type of Authority)
r	who is personally known OR produced Identification
(name of party on behalf of whom instrument was executed	Туре ID
	ANNI FORM APPARAGE
otary Signature	(Notary Stamp or Seal)  ANNA ERIKA MENHBUZ MY COMMISSION #HH5565 EXPIRES: JAN 31, 2027 Bondet through 1st State Insur