## (NOTICE OF COMMENCEMENT)

(Tax Parcel Identification Number:)

24-55-16-03705-004

Clerk's Office Stamp

Inst: 202112022651 Date: 11/08/2021 Time: 11:07AM
Page 1 of 1 B: 1451 P: 2581, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC

Deputy Clerk

THE UNIDEGRAPH Lands of the Control
THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.
On 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a) Street (job) Address: 208 SW Sheppard Way
2. General description of improvements: Storage Building
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Omeron Sheppard Flonteta Sheppard b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
a) Name and address: Dwnee Builder 208 SW Sheppard Way b) Telephone No.: 386-428-2992
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
c) Telephone No.:
6. Lender
a) Name and address:
b) Phone No.
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address:
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes:  a) Name:  OF  DF  DF  DF  Sexpiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date of is specified):  WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13 13 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA  10. (MMAN Shille)
(Signature of Owner) or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
(Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this 8 day of Notary, by:
0 1 0 1
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification Type Cc _ DL
Notary Signature  Notary Standard Stand