## **NOTICE OF COMMENCEMENT**

Tax Parcel Identification Number:

Notary Signature

33-35-17-06803-002

Clerk's Office Stamp

Inst: 202112004697 Date: 03/15/2021 Time: 9:16AM

Page 1 of 1 B: 1432 P: 1379, James M Swisher Jr, Clerk of Court

Notary Public State of Florida Susan Chappell My Commission GG 318487 Expires 06/11/2023

Columbia, County, By: VC

Deputy Clerk

	property (legal description):
a) Stree	et (job) Address: 203 SE montanner of lake C.Z. Cl 32025
2. General descrip	ption of improvements: New Shiryla Roof on House
3=0wnerinforma	ation or Lessee information if the Lessee contracted for the improvements:
a) Nam	le and address: <u>Date to Hartley</u> 203 SE Montagnery the lake ("ty Fh 3-207
b) Nam	ne and address of fee simple titleholder (if other than owner)
	rest in property
4. Contractor Info	ormation / / C
a) Name	e and address: Robert Feigle 537 SWSMBre Ave L.C. F1.3
o) reiet	priorie no
	ation (if applicable, a copy of the payment bond is attached):
a) Name	e and address:
	unt of Bond:
c) Telep	phone No.:
6. Lender	
a) Nam	ne and address:
b) Pho	ne No
7. Person within t	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:
	e and address:
	phone No.:
b) Telep 9. Expiration date	e:
COMMENCEM FLORIDA STAT NOTICE OF CO INSPECTION. II	OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A MEMOREMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST F YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IN WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
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STATE OF FLORIG	UMBIA 10. Not t. Houty
STATE OF FLORIG	Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manag
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STATE OF FLORIG	Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manage
STATE OF FLORII COUNTY OF COL	Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manag
STATE OF FLORII COUNTY OF COL	Printed Name and Signatory's Title/Office

Notary Stamp or Seal: