Inst. Number: 202412023989 Book: 1527 Page: 558 Page 1 of 1 Date: 11/8/2024 Time: 3:35 PM 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:	
22-5S-17-09330-002 (34234)	
22-03-17-09330-002 (34234)	
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 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): APART OF	LOTS 5-9 & A PART OF LOTS 16-20, BLOCK 2, MASON CITY S/D MORE PARTICU DESC
2. General description of improvements: Roof-Over	IIGHWAY 441, LAKE CITY
3. Owner Information or Lessee information if the Lesse a) Name and address: CASTRO JOSUE R 10843 S US	e contracted for the improvements:
 b) Name and address of fee simple titleholder c) Interest in property Owner 	(if other than owner)
Contractor Information a) Name and address: Lewis Walker	
 Surety Information (If applicable, a copy of the payme Name and address: NA 	ent bond is attached):
c) Telephone No.:	
o. Lender	
7. Ferson within the State of Florida designated by Owne 713.13(1)(a)7., Florida Statutes: a) Name and address: N/A	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	The second secon
Section 713.13(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
Expiration date of Notice of Commencement (the expi	iration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ROED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING. CONSULT YOUR SENDER OF AN ATTORNEY RECORD
COUNTY OF COLUMBIA 10	fff f
Signature of Over	er or Lessee, or Dwner's or Lessee's Authorized Office/Director/Partner/Manager
	Josue CASTRO
Prin	ited Name and Signatory's Title/Office
	¬
he foregoing instrument was acknowledged before me,	The state of the s
Josue Castro as oune	
(Name of Person) (Type of Authority	ority) (name of party on behalf of whom instrument was executed 1/4
ersonally Known OR Produced Identification	Type DC JULY ST
otary Signature Suphil Housto	Notary Stamp or Seal:
	THE OF FLORIDA