NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

18-75-17-10020-011

Clerk's Office Stamp

Inst: 202512018236 Date: 08/12/2025 Time: 3:28PM Page 1 of 1 B: 1546 P: 2241, James M Swisher Jr, Clerk of Court Columbia, County, By: VC

Deputy Clerk

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**.

1. Description of property (legal description):	
a) Street (Job) Address: 941 5W W&Ff + 6 2. General description of improvements: POLE BUTY	LN, Fort White
3. Owner Information or Lessee information if the Lessee contract	ed for the Improvements: NEL1336 LOWER
b) Name and address of fee simple titleholder (if other t	
4. Contractor Information a) Name and address: Dwner/Bullder	N/A
b) Telephone No.: 352-870-9264	
5. Surety Information (if applicable, a copy of the payment bond is	sattached):
a) Name and address: \(\frac{\fir\f{\fir\f{\frac{\fir\fir\f{\fir\f{\frac{\fir\f{\f{\frac{\frac}	
c) Telephone No.:	
6. Lender	
a) Name and address: N/A	
b) Phone No. V/f	hom notices or other documents may be served as provided by Section
7. Person within the State of Florida designated by Owner upon w	nom notices or other documents may be served as provided by section
a) Name and address:V/A	N/A
b) Telephone No.: N/A	
O be addition to the control of the	
 In addition to himself or herself, Owner designates the followin Section 713.13(I)(b), Florida Statutes: 	g person to receive a copy of the Lienor's Notice as provided in
a) Name: Lance Welson	of Nelson's Metals
b) Telephone No.: 352-727-2269	
COMMENCEMENT ARE CONSIDERED IMPROPER PAY	
COMMENCING WORK OR RECORDING YOUR NOTICE	
STATE OF FLORIDA	* * *
COUNTY OF COLUMBIA 10.	of Chave
	see, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
DC	1 C Lower
•	me and Signatory's Title/Office
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The distribution of the di
^	s of physical presence or online notarization, a Florida Notary,
this 12 day of Auc 2025 by: I	(Name of Person) as Grand (Type of Authority)
	المنتسا
for	who is personally known OR produced identification
(i.a.i.o or party of octality) whom histalliest was executed	Type ID FL DC.
The state of the s	AND WASHINGTON
Notary Signature / (MA/NC)	(Notary Stamp or Seal) NEONTA ANDERSON 4 46 6688 MY COMMISSION # HH 46 6688 EXPIRES: November 28, 2027