NOTICE OF COMMENCEMENT

forthough at a the present of

04071-000

Clerk's Office Stamp

Inst: 202112006067 Date: 04/01/2021 Time: 1:16PM Page 1 of 1 B: 1433 P: 2739, 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**.

Des	cription of property (legal description): 35 - 45 - 14 - 0407 - 000
	a) Street (job) Address: 5111 SW COCANTY RD 18 FORTWHITE FL 32038
Gen	eral description of improvements: STORAGE BARN
2	er Information or Lessee information if the Lessee contracted for the improvements:
UWII	a) Name and address: NANCY PINDER 19755 SW 303 ST HOMESTEAN FL 33030
	b) Name and address of fee simple titleholder (if other than owner)
	c) Interest in property CLUNER
Con	tractor Information
	a) Name and address: OWPER BUILDER
C	b) Telephone No.:
o. Sure	ty Information (if applicable, a copy of the payment bond is attached):
	a) Name and address:
	c) Telephone No.:
. Lenc	
	a) Name and address:
	b) Phone No.
. Pers	on 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.:
in ac	Idition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in
. III ac	Section 713.13(I)(b), Florida Statutes:
	a) Name:OF
	b) Telephone No.:
LORI OTIC NSPE	MENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, DA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST CTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
OM	MENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
TATE	OF FLORIDA O
OUNT	ry OF COLUMBIA 10. haven Pinder
	or Lessee's Authorized Office/Director/Partner/Manager
	NANCY PINDER
	निर्मातः and Signatory's Title/Office
he fór	egoing instrument was acknowledged before me, a Florida Notary, this day of
N	e of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)
Name	of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)
·	
ersona	ally Known OR Produced Identification Type A DL
ersona	Illy Known OR Produced Identification Type A DL
	J-1A
	Signature Notary Stamp or
	Signature Notary Stamp or Notary Stamp or
	Signature Notary Stamp or LAURIE HODSON MY COMMISSION # GG 970028
	Signature Notary Stamp or