

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. _____
State of FL

Tax Folio No. 08-45-16-02814-003(17188)
County of Columbia

To Whom It May Concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: Lot 7 Gerald Riggle Development.
WD 1075-1477, CT 1171-915, SWD 1202-2299

Address of property being improved: 2419 Birley Ave, Lake City, FL

General description of improvements: Roof Replacement

Owner Vicki Townsend

Address 2419 SW Birley Ave Lake City, FL 32024

Owner's interest in site of the improvement _____

Fee Simple Titleholder (if other than owner) _____

Name _____

Address _____

Contractor Honest Ace Roofing

Address 8936 Western Way Ste 10 Jacksonville, FL 32236

Phone No. 904-341-7663

Fax No. _____

Surety (if any) _____

Address _____

Amount of bond \$ _____

Phone No. _____

Fax No. _____

Name and address of any person making a loan for the construction of the improvements.

Name _____

Address _____

Phone No. _____

Fax No. _____

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name _____

Address _____

Phone No. _____

Fax No. _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name _____

Address _____

Phone No. _____

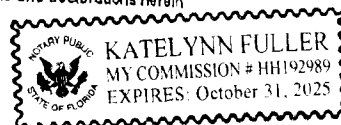
Fax No. _____

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): _____

THIS SPACE FOR RECORDER'S USE ONLY

Signed: Vicki Townsend OWNER
Before me this 19 day of Jan 2023 DATE 1/19/23
County of Duval, State of Florida, has personally appeared
Vicki Townsend herein by
himself/ herself and affirms that all statements and declarations herein
are true and accurate

Katelynn Fuller



Notary Public at Large, State of _____ County of _____
My commission expires: _____
Personally Known _____
Produced Identification _____ of _____