Inst. Number: 202412001295 Book: 1506 Page: 1506 Page 1 of 1 Date: 1/18/2024 Time: 12:53 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:	
33-3\$-17-13546-000 (42081)	
of the Florida Statutes, the following information is pr LOTS 4 & 5 BLOC	K 1 UNIT 1 WOODLAND GROVE EX RD R/W. 524-774, 722-793, DC 1277-874, LE 1277-875, WD 1332-1295,
a) Street (job) Address: 1182 SE BAYA DR	LAKE CITY
2. General description of improvements: Shingle Re	-roof
Owner Information or Lessee information if the Less	cee contracted for the improvements: DORILA 909 19TH ST APT 2 UNION CITY, NJ 07087
b) Name and address of fee simple titleholds	er (if other than owner)
4. Contractor Information	
a) Name and address: TMT Roofing LLC	295 NW Commons Lp Ste 115-315 Lake City FL 32024
b) Telephone No.: 352-888-4676	
5. Surety Information (if applicable, a copy of the payn	
a) Name and address:	
c) Telephone No.:	
6. Lender	,
a) Name and address:	
b) Phone No.	
7. Person within the state of Florida designated by Ow 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates t	the following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(i)(b), Florida Statutes:	
a) Name:	OF
b) Telephone No.:	
 Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): 	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA	(1)22 301
COUNTY OF COLUMBIA 10.	
Signature of Ov	wher or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
_	JOSE DEMETRIO SOSA
P	rinted Name and Signatory's Title/Office DL# SC6854106412472
The foregoing instrument was acknowledged before me, a Florida Notary, this	
(Name of Person) as Home of Au	IWATER FOR KAPAIR HOMEIN LIKE City, FL.
	· · · · · · · · · · · · · · · · · · ·
Personally Known MMOR Produced Identification By Type NEW DERSTY DRIVER LICENSE	
Notary Signature Notary Stamp or Seal:	
1	IC OF NEW JERSEY