Inst. Number: 202312001273 Book: 1483 Page: 1007 Page 1 of 1 Date: 1/25/2023 Time: 8:25 AM 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: | |
| 28-3S-16-02365-111 (8864) | |
| 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 . S/D. 836-145, 1019-1928, WD 1042-328, WD 1121-446, WD 1371-449, DC 1371-448, WD 1395-1722, WD 1400-2698 |
| 1. Description of property (legal description): | LAKE CITY |
| 2. General description of improvements: Shing | le Re-roof |
| • | c; 8640 YANK COURT ARVADA, CO 80005 Claude Yasonii r (if other than owner) |
| c) Interest in property 4. Contractor Information | |
| a) Name and address: TMT Roofing LLC 295 NW | Commons Lp Ste 115-315 Lake City, FL 32055 |
| b) Telephone No.: 352-888-4676 | |
| 5. Surety Information (if applicable, a copy of the paym | |
| • | |
| c) Telephone No.: | |
| 6. Lender | |
| | |
| 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.: | |
| Section 713 13(I)(b) Florida Statutes: | he following person to receive a copy of the Lienor's Notice as provided in |
| | OF |
| b) Telephone No.: | |
| is specified): | xpiration date will be 1 year from the date of recording unless a different date |
| 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 | - (0, |
| COUNTY OF COLUMBIA 10 | Office (Diseases / Pasters / Manager |
| Signature of O | wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager |
| | (lande Yayani |
| ` . | Printed Name and Signatory's Title/Office |
| | |
| The foregoing instrument was acknowledged before n | ne, a Florida Notary, this 24 day of fancia Ref 2023, by: |
| (Name of Person) (Type of A | uthority) for |
| Personally Known OR Produced Identification _ | ES / 4250-110, 62-1650-0. |
| Notary Signature | Notary Stamp or Seal. MARLEN CUERVO Notary Public - State of Florida Commission # HH 285709 My Comm. Expires Oct 15, 2026 |