Inst. Number: 202512000095 Book: 1530 Page: 1831 Page 1 of 1 Date: 1/3/2025 Time: 2:00 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:		
01-5S-16-03405-257		
THE UNDERSIGNED hereby gives notice that improver of the Florida Statutes, the following information is pr	ovided in this NOTICE OF COMMENCEMENT.	
1. Description of property (legal description): LOT 7 BL	DCK B SOUTHWOOD MEADOWS S/D UNIT 2, 806-2034, WD 1115-144	5, WD 1429-37, DC 1431-477,
a) Street (iob) Address: 373 SW ERIN GL	N, LAKE CITY, FL 32024	
2. General description of improvements: Remove	and replace shingle roof	
3. Owner Information or Lessee information if the Les a) Name and address: KOCK KEVIN KKO b) Name and address of fee simple titlehold c) Interest in property Owner	see contracted for the improvements: CK MARY JP O BOX 2943LAKE CITY, FL 32056 ler (if other than owner)	
A Contractor Information		
a) Name and address: TMT ROOFING LLC 295 N	W Commons LP Ste 115-315 Lake City 32055	
b) Telephone No.: <u>3528884676</u>	a bound to added all ordinates	
5. Surety Information (if applicable, a copy of the pay	ment bond is attached):	
a) Name and address:		
c) Telephone No.:		
6. Lender		
a) Name and address:		
h) Phone No		
713.13(1)(a)7., Florida Statutes:	wner upon whom notices or other documents may be	
b) Telephone No.:		
	the following person to receive a copy of the Lienor's	
a) Name:	OF	
b) Telephone No.:	OF	
9. Expiration date of Notice of Commencement (the	expiration date will be 1 year from the date of record	ding unless a different date
COMMENCEMENT ARE CONSIDERED IMPR FLORIDA STATUTES, AND CAN RESULT IN V	ADE BY THE OWNER AFTER THE EXPIRATION ROPER PAYMENTS UNDER CHAPTER 713, PAYOUR PAYING TWICE FOR IMPROVEMENTS ECORDED AND POSTED ON THE JOB SITE BE INANCING, CONSULT YOUR LENDER OR AN UR NOTICE OF COMMENCEMENT.	TO YOUR PROPERTY; A
STATE OF FLORIDA		
COUNTY OF COLUMBIA 10		DEC - /Disease /Dest /B/
Signature of	Owner or Lessee, or Owner's or Lessee's Authorized (Office/Director/Partner/Manager
Notary Public State of Florida Jessica M Wilson My Commission HH 618293 Kaulu Kack		
Expires 12/4/2028	Printed Name and Signatory's Title/Office	
	1-2-1	
The foregoing instrument was acknowledged before	me, by means of physical presence or onli	ne notarization, a Florida Notary,
this 70th day of December 20	74 by: <u>hwin hoch</u> asas	
for	who is personally known OR	produced identification
(name of party on behalf of whom instrument w	vas executed) Type ID ##U	18293 12/4/28
AL HILLAND	(Notary Stamp or Seal)	
Notary Signature VVW WWW	(Morary Stamp of Seat)	Updated 12/2023