Inst. Number: 201312006901 Book: 1254 Page: 399 Date: 5/6/2013 Time: 2:47:28 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number: 15-55-17-09256-000	DC P DeWitt Cason Columbia County Page 1 of 1 B.1254 P.399
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.	
1. Description of property (legal description): Some NE Cor of NW 44 of SE 14 Run 168 484 for ADS a) Street (Job) Address: 10119 Huny 441 S LO KO CITY F 32035 2. General description of improvements: Te roof	
b) Name and address of fee simple titleholder (if c) Interest in property いいて	
a) Name and address: Lewis Was b) Telephone No Scolo 959 No 5. Surety Information	HET Roofing PU BOX 554 Lake Butter F1 32054
a) Name and address b) Amount of Bond: c) Telephone No.:	Fax No. (Opt.)
a) Name and address:	by owner upon whom notices or other documents may be served:
b) Telephone No.	Fax No. (Opt.)
713.13(I)(b), Florida Statutes: a) Name and address: b) Telephone No.:	Fax No. (Opt.) floor date is one 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 COUNTY OF COLUMBIA 10.	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Printed Name
The foregoing instrument was acknowledged before me , a Flor	ida Notary, this day of
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type	
Natary Signature Debot Que Oc	Notary Stamp or Seal. DEBORAH D ASBELL MY COMMISSION # EE113212 EXPIRES July 17, 2015
11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief	
Signature of Natural Poison Storing (in line #10 above)	