Inst. Number: 202112017445 Book: 1446 Page: 63 Page 1 of 1 Date: 8/30/2021 Time: 8:16 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:	
03-40-17-07572-015	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13
1. Description of property (legal description): DCG	393.40 FT W + 4100 FT N OF SE COD OF NEWA RUN
a) Street (job) Address: 303 (77.) 2. General description of improvements: RE-ROOF	393.40 F4 W + 468 F+ N OF JE COR OF NE 1/4, RUN MCGOO Ct. W 440F
3. Owner Information or Lessee information if the Lessee	
a) Name and address ROOCIA M	(if other than owner)
c) Interest in property	(if other than owner)
4. Contractor Information	
a) Name and address: RICHARD DORMA b) Telephone No.: 352-581-7333	N 6650 S PINE AVE OCALA FL 34480
Surety Information (if applicable, a copy of the payme	ot bond is attached)
a) Name and address:	
c) Telephone No.:	
6. Lender	
a) Name and address:	
u) Fliorie 140.	er upon whom notices or other documents may be served as provided by Section
/15.15(1)(a)/., Florida Statutes:	
a) Name and address:	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates the	e following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	
h) Telephone No	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expirits specified):	ration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROP	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
PLOWING STATUTES, AND CAN RESULT IN YOU	IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A
MO21 RE RECO	RDED AND POSTED ON THE IOR SITE RECORD THE FIRST
COMMENCING WORK OR RECORDING YOUR	NOTICE OF COMMENCEMENT
STATE OF FLORIDA	1) 10 COMMICIACLIFICATION
COUNTY OF COLUMBIA 10	[[Emaths]
Signature of Own	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Ro-Ard MASTURS
Prin	ted Name and Signatory's Title/Office
· ·	ted rame and signatory's ride/office
The foregoing instrument was acknowledged by	Aug. 51 Aug. 51 2.
17	a Florida Notary, this 20 day of 1700 UST 20 21, by:
Konard Masters Homes	wher for Ronard Masters
(Name of Person) (Type of Auth	a Florida Notary, this 24 day of August 20 21, by: Where for Ronard Masters Ority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	Type M236-721-50-332-0
Notary Signature	
Total y Signature	Notary Stamp or Seal:
	ALEXANDRA PEREZ Commission # HH 133810 Expires May 25, 2025
	Bended Thru Troy Fain Insurance 800-385-7019