Inst. Number: 202212020331 Book: 1477 Page: 2502 Page 1 of 1 Date: 10/24/2022 Time: 10:04 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:	
00-00-00-11257-001	
(39479)	
of the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance with Section 713.13
	PARTEL E. IAY DELL ICIU
a) Street (job) Address: U. 2	16 11.45 15 CE ENGLE 18 [MEP 7417, GC 1240 - 240, TO 13/2, 2
2. General description of improvements: RC R	L. L
3. Owner Information or Lessee information if the Lesse	e contracted for the improvements:
a) Name and address: Aliza	contracted by the improvements: Box 15505 Farming in 18h F
 b) Name and address of fee simple titleholder c) Interest in property 	(if other that owner)
A C	
a) Name and address: Shovehylia	K Inc.
b) Telephone No : (904) (02)	1 033-2
5. Surety Information (if applicable, a copy of the payment) a) Name and address:	ent bond is attached):
o) Amount of Bond:	
c) Telephone No.:	
a) Name and address:	
b) Phone No	
7. Person within the State of Florida designated by Own	er upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes: a) Name and address:	
b) Telephone No.:	
 In addition to himself or herself, Owner designates the Section 713.13(i)(b), Florida Statutes: 	e following person to receive a copy of the Lienor's Notice as provided in
e) Name:	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
WARNING TO OWNER: ANY PAYMENTS MAD	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
NOTICE OF COMMENCEMENT MUST BE RECO	RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
COMMENCING WORK OR RECORDING YOUR	NOTICE OF COMMANDERS OF AN ATTORNEY BEFORE
TATE OF FLORIDA	on commencement.
TOURIST OF COLUMN	1/00.10 ()-
Signature of Owner	or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	10.11 C Lessee's Authorized Office/Difector/Partner/Manager
<u>U</u>	unicl Sturges
Print	ed Name and Signatory's Title/Office
	0.11
ne foregoing Instrument was acknowledged before me, a	Florida Notary, this 24th day of Ortober 2022 by:
Daniel Sturacs orang	20 Dy:
The state of the s	ror verout
Name or Person) (Type of Autho	rity) (name of party on behalf of whom instrument was executed)
rsonally Known OR Produced Identification	Type
mar 5 mar 1	MARY de Katlyn McCain
stary Signature	Notary Stamp or Seal: Notary Public
ī	State of Florida
	Comm# HH106505
	Expires 3/21/2025