Inst. Number: 202412023145 Book: 1526 Page: 1311 Page 1 of 1 Date: 10/31/2024 Time: 2:08 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:	
03.45.17.07521.000	
The second secon	
or the Florida Statutes, the following information is pro	
1. Description of property (legal description): a) Street (job) Address:	03·45·17·07521·000
a) Street (job) Address: 20 2. General description of improvements: 10 10 10 10 10 10 10 10 10 10 10 10 10	COL THUSE LOVE CITY
3. Owner Information or Lessee information if the Lesse	
	YEYYU (If other than owner) 2.67 SE OOK HILLS.
c) inserest in broberty Cythy CA	The state of the s
4. Contractor Information a) Name and address: POUT WC b) Telephone No.: 560 757 47	poplet 1230 SE BOLD Dr. Colle City
5. Surety Information (if applicable, a copy of the paym	ent bond is attached):
a) Name and address: b) Amount of Bond:	
c) Telephone No.:	
6 Lender	
a) Name and address: b) Phone No.	
7. Person within the State of Florida designated by Own	ner 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.:	
	ne following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	TO THE RESIDENCE OF THE PARTY O
9. Expiration date of Notice of Commencement (the expire specified):	piration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: AMY PAYMENTS MAI COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDER AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA	000
COUNTY OF COLUMBIA 10	Harry
Signature of Ow	wher or Lessee, or Owner's or Lessek Authorized Office/Director/Partner/Manager
Pe	Y-DYCW JIY) PRY ILL rinted Name and Signatory's Title/Office
.,	The desire and Signatory's Truey Office
The foregoing instrument was acknowledged before me	e, a Florida Notary, this 31 day of 0+ 20 24, by:
Makana Parri Dina	Paul Marian 1
(Name of Person) as UVI IT	thority) for TOWN INCLUSION (name of party on behalf of whom instrument was executed)
Personally KnownOR Produced Identification _	·
On Produced Jaes (Inc.)	
Notary Signature	Notary Stamp or Seal: Notary Public State of Florida Christy Gehr My Commission HH 129249 Expires 05/12/2025