NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
Tax Parcel Identification Number:		
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance vided in this NOTICE OF COMMENCEMENT.	ance with Section 713.13
1. Description of property (legal description):	S-16-03815-315 Skyline Loop Ft. white, F	2000
a) Street (job) Address: 1561 SW 2. General description of improvements: SWIM	ning Dool H. White, F	-6 32038
a) Name and address: Th()m(s + The lessen b) Name and address of fee simple titleholder c) Interest in property	re contracted for the improvements:  The resa Traficante 1367 Sur (if other than owner) W/A	a Skyline Lp F1. Whit
Contractor Information     a) Name and address: C Nod Cunnit	ngham - 1033 SW Little Rd	Lake City F13202
b) Telephone No.: 38(0 155 7 9 5. Surety Information (if applicable, a copy of the paym	348	
a) Name and address: b) Amount of Bond:		
b) Amount of Bond:		
6. Lender		
a) Name and address: b) Phone No		4
	ner upon whom notices or other documents may be serv	ed as provided by Section
713.13(1)(a)7., Florida Statutes:		
b) Telephone No.:		
5 .: 747.42/0/13 51 :1.5:	ne following person to receive a copy of the Lienor's Noti	
a) Name: Chad Unningham	of Pecler Powis of North	FC
b) Telephone No.: 386 755 28	48	
Expiration date of Notice of Commencement (the expired):	piration date will be 1 year from the date of recording u	inless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOINSPECTION. IF YOU INTEND TO OBTAIN FINAL COMMENCING WORK OR RECORDING YOUR STATE OF FLORIDA	DE BY THE OWNER AFTER THE EXPIRATION OF PER PAYMENTS UNDER CHAPTER 713, PART I, UR PAYING TWICE FOR IMPROVEMENTS TO YORDED AND POSTED ON THE JOB SITE BEFORI ANCING, CONSULT YOUR LENDER OR AN ATTO NOTICE OF COMMENCEMENT.	, SECTION 713.13, YOUR PROPERTY; A E THE FIRST
SOLVEY O KATHERINE CUNNINGHAM 10	per or Lessee, or Owner's or Lessee's Authorized Office/	Director/Partner/Manager
State of Florida	JOM IRAFICANT	>
Comm# HH447515 Expires 9/25/2027 Pr	inted Name and Signatory's Title/Office	
,	e, a Florida Notary, this day of Decem	ber 20 24 by:
(Name of Person) (Type of Aut	thority) forforforfor	instrument was executed)
Personally Known OR Produced Identification 🕊		3
Notary Signature Katalumung		KATHERINE CUNNINGHAM Notary Public State of Florida Commit HH447S15
	JACE 1810	Expires 9/25/2027