Inst. Number: 201312019550 Book: 1266 Page: 1231 Date: 12/9/2013 Time: 11:12:12 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel identification Number.	nst.201312019550 Date 12/9/2013 Time 11 12 AM
33-35-16-02434-014	DC,P DeWitt Cason, Columbia County Page 1 of 1 B 1266 P 1231
Florida Statutes, the following information is provided in the	
1. Description of property (legal description): 33 - a) Street (lob) Address: 169 500 2. General description of improvements: 2000	35-16-02434-014 Woodduck gourt L.C. L. Spungees
3 Owner Information a) Name and address: b) Name and address of fee simple titleholder (if o) Interest in property 4 Contractor information	Deborah Payton 1695W Wooddyck Ct other than owner)
a) Name and address: Don Kood b) Telephone No.: 35/2 755-40	Construction 2230 SE Baya 0 #101 72 Fax No. (Opt.) 380-759.7272
5. Surety Information a) Name and address:	
b) Amount of Bond' c) Telephone No.:	
6 Lender	
a) Name and address: b) Phone No. 7. Identity of person within the State of Florida designated.	by owner upon whom notices or other documents may be served:
a) Name and address b) Telephone No.:	Fax No. (Opt.)
713.13(I)(b), Florida Statutes a) Name and address b) Telephone No.:	efson to receive a copy of the Lienor's Notice as provided in Section Fax No (Opt.) ation date is one year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE ON IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COM	NNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IN YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA 1	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
The foregoing instrument was acknowledged before me, a Fk	
fact) for Larry Pay to	(type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Try Notary Signature Severy	Notary Stamp or Seal. SEVERLY NEED Malary Public - State of Florida My Comm. Expires Apr 24, 2015 Commission # EE 87179
11. Verification pursuant to Section 92.525, Florida Stathe facts stated in it are true to the best of my known	tutes. Under penalties of perjury, I declare that I have read the foregoing and that Medge and belief.
Signature of Natural Person Signing (in line #10 above.)	