NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

01909-006

Clerk's Office Stamp

Inst: 202412002890 Date: 02/15/2024 Time: 4:15PM

Page 1 of 1 B: 1508 P: 363, James M Swisher Jr, Clerk of Court

Columbia, County, By: TC/C

Deputy Clerk

F. F. C.	ice that improvements will be made to certain real property, and in accordance with Section 713.13 information is provided in this NOTICE OF COMMENCEMENT.
Description of property (legal description a) Street (lob) Address:	cription): LUZ NW Falling Locate od Lake City
2. General description of improveme	ints: Metal Ducking
a) Name and address: 10	mation if the Lessee contracted for the improvements:
A Contractor Information	
a) Name and address: b) Telephone No.:	3863611310 Sh Summer all 682 No Felling Crack
5. Surety Information (if applicable, a	copy of the payment bond is attached):
a) Name and address:	
c) Telephone No.:	
6 Lender	
a) Name and address:	
D) THORE ITO.	
713.13(1)(a)7., Florida State	designated by Owner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
	wner designates the following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida	OFOF
	Or
Expiration date of Notice of Commisspecified):	encement (the expiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSI FLORIDA STATUTES, AND CAN NOTICE OF COMMENCEMENT INSPECTION. IF YOU INTEND T	AYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF DERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, I RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST O OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE ORDING YOUR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	11.10
COUNTY OF COLUMBIA	10. Holey During
	Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
*	Printed Name and Signatory's Title/Office
	0 , 00
The foregoing instrument was acknow	vledged before me, a Florida Notary, this 5 day of Feb , 20 24, by:
Roleigh Summer	
(Name of Person)	(Type of Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced	I Identification Dype +C D4
Notary Signature majoril	11100
Notary Signature MANAGES	Notary Stamp or Seal: EMALEIGH WILLIAMS
	LINDLEIGH WILLIAMS

EMALEIGH WILLIAMS MY COMMISSION # HH 323283 EXPIRES: October 18, 2026