(NOTICE OF COMMENCEMENT)	Clerk's Office Stamp
Tax Parcel Identification Number:) 05-25-17-04669-010	Inst: 202212022556 Date: 11/29/2022 Time: 2:54PM Page 1 of 1 B: 1480 P: 296, James M Swisher Jr, Clerk of Court Columbia, County, By: AM Deputy Clerk
THE UNDERSIGNED hereby gives notice that improvem of the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT.
a) Street (job) Address: 1502 NW C	ripple creuk St.
2. General description of improvements:	curport
b) Name and address of fee simple differential	r (if other than owner) POBox 784 LaloCity \$1,32055
c) Interest in property	Graham 70 Box 284 lallectury 32055
b) Telephone No.: S. Surety Information (if applicable, a copy of the paym	0
a) Name and address:	ent dond is attached):
b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
b) Phone No.	
	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.:	
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes:	he following person to receive a copy of the Lienor's Notice as provided in
	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the exist specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	vner/or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
, Signature of Ow	wher, or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
_	Déborch L. Graham
(bi	rinted Name and Signatory's Title/Office
	00
	e, a Florida Notary, this 29 day of November, 20 22, by:
(Name of Person) as Self (Type of Au	thority) for MA (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	1 Type FL DL
Notary Signature Amserigh William	Notary Stamp or Seal: EMALEIGH WILLIAMS MY COMMISSION # HH 323