NOTICE OF COMMENCEMENT	Clerk's Office Stamp
T 0	State Jeanip
Tax Parcel Identification Number:	
28-3S-16-02376-000	
THE UNDERSIGNED hereby gives notice that improvem of the Florida Statutes, the following information is pro	nents will be made to certain real property, and in accordance with Section 713.13 ovided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): COMM AT N	NW COR OF MAGNOLIA HILLS, RUN N 1122.85 FT, E 700 FT, N 200 FT, E 562.46 FT, S 1337.12 FT
a) Street (100) Address: 355 NW TI IDNIED	RRY DR. LAKE CITY FL over existing shingle roof
and the smile life in the	ee contracted for the improvements: LLC 337 SW TOMPKINS STLAKE CITY, FL 32024 er (if other than owner) N/A
The state of the s	
Contractor Information Name and address: Lewis Walker Roofing	
	1118 S Marion Ave Lake City, FL 32025
5. Surety Information (if applicable, a copy of the payme	
a) Name and address: NA b) Amount of Bond:	
c) Telephone No.:	
A Company of the State of the S	
a) Name and address: N/A b) Phone No	
b) Phone No	ner upon whom notices or other documents may be served as provided by Section
· · · · · · · · · · · · · · · · · · ·	
a) Name and address: N/A	
b) Telephone No.:	Contraction with dark return and an approximate return 100 about 19 and despitations[8]
	ne following person to receive a copy of the Lienor's Notice as provided in
Expiration date of Notice of Commencement (the expi is specified):	piration date will be 1 year from the date of recording unless a different date
VARNING TO OWNER: ANY PAYMENTS MADI COMMENCEMENT ARE CONSIDERED IMPROP LORIDA STATUTES, AND CAN RESULT IN YOU IOTICE 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, JR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST UNCING
ATE OF FLORIDA	\bigcirc A
DUNTY OF COLUMBIA 10	77
Signature of Owns	ner of Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	1.1
Dei	John Stray
rn.	rinted Name and Signatory's Title/Office
e foregoing instrument was acknowledged before me, b	by means of physical presence or online notarization, a Florida Notari
and the state of t	
1/ 1	The restriction, a riorda NOLATY.
5 14 day of November 20 24	Loy: John Strayer as Owner minimum HOUSE
1/ 1	by: Unn Strayer as Owner MINIMINITY (Name of Person) (Type of Authority) (SSION ST.
Five Ash Forest, LLC	by: Unn Strayer as Owner (Name of Person) (Type of Authority) (SSION 5)
1/ /	by: Unn Strayer as OWNEY (Name of Person) (Type of Authority) (SION STORY) (Type of Authority) (SION STORY) (
Five Ash Forest, LLC	(Name of Person) who is personally known Type ID OR OWNEY (Type of Anthony)
FIVE ASh. Forest, LLC (name of party on behalf of whom instrument was exe	(Name of Person) (Name of Person) (Type of Anthony) who is personally known Type ID Type ID (Name of Person) (Type of Anthony)
Five Ash Forest, LLC	(Name of Person) who is personally known Type ID OURLY (Type of Anthony)