Docusign Envelope ID: C738F472-5B3E-4CF6-9B4D-484F179D58DF

NOTICE OF COMMENCEMENT	Clei	rk's Office Stamp	
Tax Parcel Identification Number:			
00-00-00-14461-108	_		
THE UNDERSIGNED hereby gives notice that improve of the Florida Statutes, the following information is FORT WHITE: 1. Description of property (legal description) FORT WHISO: a) Street (job) Address: 422 SW WILSO 2. General description of improvements: FIE-RO	provided in this NOTICE OF COMMENCE ALL BLOCKS 108 & 113 & TH FORSYTHE AVE & E OF OME N SPRINGS RD, FORT WHITE	perty, and in accordance with Section 713.13 MENT. AT PORTION OF CLOSED ST KNOW GA AVE DESC ORB 1034-2414. 804	/N AS DUTCH GA -119, 849-151,
Owner Information or Lessee information if the La Name and address: FERRELL MARIA	LEGREE P O BOX 413 FT WHITE, I	FL 32038-0413	
 b) Name and address of fee simple titleho c) Interest in property OWNER 	ider (ir otner than owner) wo		
Contractor Information a) Name and address: RICHARD DORM.	AN/ROOFING PROS USA II	6650 SOUTH PINE AVE OCALA, F. 34480	
b) Telephone No.: <u>352-581-7333</u>		_	
5. Surety Information (if applicable, a copy of the pa a) Name and address: N/A	yment bond is attached):		
b) Amount of Bond:			
c) Telephone No.:		_	
Name and address: N/A			
b) Phone No			
 Person within the State of Florida designated by 0 713.13(1)(a)7., Florida Statutes: 	Owner upon whom hotices or other docu	iments may be served as provided by Section	
a) Name and address: N/A			
b) Telephone No.:			
8. In addition to himself or herself, Owner designate Section 713.13(I)(b), Florida Statutes: a) Name: N/A	es the following person to receive a copy OF N/A	of the Lienor's Not ice as provided in	
b) Telephone No.:	0		
Expiration date of Notice of Commencement (the is specified):	expiration date will be 1 year from the	date of recording unless a different date	
WARNING TO OWNER: ANY PAYMENTS IN COMMENCEMENT ARE CONSIDERED IMP FLORIDA STATUTES, AND CAN RESULT IN NOTICE OF COMMENCEMENT MUST BE R INSPECTION. IF YOU INTEND TO OBTAIN F COMMENCING WORK OR RECORDING YOU	ROPER PAYMENTS UNDER CHAP' YOUR PAYING TWICE FOR IMPRO ECORDED AND POSTED ON THE J INANCING, CONSULT YOUR LENI	TER 713, PART I, SECTION 713.13, DVEMENTS TO YOUR PROPERTY; A IOB SITE BEFORE THE FIRST DER OR AN ATTORNEY BEFORE	
STATE OF FLORIDA	Signed by:		
COUNTY OF COLUMBIA	Maria legre Ferrell	s Authorized Office/Director/Partner/Manager	
Signature of	Owner or Lessee, or Owner's or Lessee s	s Authorized Office/Director/Partner/Manager	
	Maria Legree Ferrell Printed Name and Signatory's Title/O	Homeowner	
The foregoing instrument was acknowledged before	me, by means of physical presence	e or X online notarization, a Florida Notary,	
this <u>18th</u> day of <u>July</u> , 20	25 by: Maria Legree Ferrell (Name of Person)	as (Type of Authority)	
•	•	_ ``	
for (name of party on behalf of whom instrument w			
Γ	CHRISTOPHER M. LOREN	pgD FL Drivers License	
Signed by:	NOTARY PUBLIC STATE OF FLORIDA		
Notary Signature XCAU8927890DA2C	Com/Missiost#Ph-P458842	Updated 12/20	023
	My Commission Expires 10/25 ONLINE NOTARY	/2027	

