NOTICE OF COAD AFAIRES AFAIR	Control of the Contro
NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
06-3S-17-04860-003	
-00-00-17-04000-003	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is pro-	ante will be made to cortain and annual and
1. Description of property (legal description): BEG 450	OFT'S OF NW COR OF SW1/4 OF NW1/4, E 578 FT TO C/L FALLING CREEK, W SIDNEY TER, LAKE CITY, FL 32055
2. General description of improvements:	N SIDNEY TER, LAKE CITY, FL 32055 ROOF
Owner Information or Lessee information if the Lesse	s contracted for the leavenue.
b) Name and address of fee simple titleholder	M & DANIEL C, 145 NW SIDNEY TER, LAKE CITY, FL 32055
c) Interest in property OWNER 4. Contractor Information	4. Control of the state of the
E) Name and address- FIMIS MAI KER	PO BOY 2447 LAVE CITY EL 20050
5. Surely information (If applicable a copy of the naver	Arek kannad to make also 31.
a) maine and profess:	
b) Amount of Bond:	
6. Lender	The state of the s
a) Name and address: N/A	
7. Person within the State of Florida designated by Own	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
 In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes: 	e following person to receive a copy of the Lienor's Notice as provided in
a) Name: N/A	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the exp is specified):	iration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAD COMMENCEMENT ARE CONSIDERED IMPROPELATION STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E 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 PROPERTY OF THE FIRST INCING. CONSULT YOUR LENDER OR AN ATTORNEY REFORE
STATE OF FLORIDA	Dan A SM Marri
COUNTY OF COLUMBIA 10. 7	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
of the state of th	2010
<u> 7</u>	AMELAIN. COREEN
PFI	nted Name and Signatory's Title/Office
The femoral of factors and the state of the	
The foregoing instrument was acknowledged before me,	2 . 2
Pamelan Green os Owner	for Pamela M. Green minimulations
(Name of Person) (Type of Auti	COMME
Personally Known OR Produced Identification	Type FL DL
V - ON -	
Notary Signature Cophus Collision	Notary Stamp or Seal:
O U	Supplemental of the supple
	THE OF FLORENMENT