Inst. Number: 202312012150 Book: 1493 Page: 2165 Page 1 of 1 Date: 6/28/2023 Time: 12:34 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
Tax Parcel Identification Number:		
06-4S-17-08018-255 (29141)		
of the Florida Statutes, the following information is pro LOT 5 BLOCK B G 1. Description of property legal description:	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT. GRANDVIEW VILLAGE UNIT 2. 584-80, WD 1019-789, WD 1035-450, TD 1243-2544, WD 1258-1045, WD 1379-20WN GLN	2447.
2. General description of improvements: Shingle Re-ro		
 b) Name and address of fee simple titleholde 	ee contracted for the improvements: UI 1074 SW JAMESTOWN GLN LAKE CITY, FL 32025 r (if other than owner)	
4. Contractor Information 2) Name and address: TMT Roofing LLC	295 NW Commons Lp Ste 115-315 Lake City, FL 32055	
b) Telephone No.: <u>352-888-4676</u>	and the same of th	
5. Surety Information (if applicable, a copy of the paym	ent bond is attached):	
c) Telephone No.:		
6. Lender a) Name and address:		
b) Phone No.		
713.13(1)(a)7., Florida Statutes: a) Name and address:	ner upon whom notices or other documents may be served as provided by Section	
b) Telephone No.:		
Section 713.13(I)(b), Florida Statutes:	he following person to receive a copy of the Lienor's Notice as provided in	
a) Name: b) Telephone No.:	OF	
is 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 YOUR OF COMMENCEMENT MUST BE RECOMMENCEMENT MUST BE	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, DUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA	(Maili	
COUNTY OF COLUMBIA Signature of O	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
`	Calai Li	
Notary Public State of Florida Alyssa Miller	Printed Name and Signatory's Title/Office	
My Commission HH 312322		
Expires 9/14/2026	ne, a Florida Notary, this 28 day of 30 Une 20 23 by:	
\wedge •	/n . /	
(N) as (D) as (T) year of A	the for	
(Name of Person) (Type of A		
Personally Known OR Produced Identification _	Type	
Notary Signature	Notary Stamp or Seal: Notary Stamp or Seal: Notary Public State of Florida Alyssa Miller My Commission HH 312322 Expires 9/14/2026	•