Inst. Number: 202512018526 Book: 1547 Page: 85 Page 1 of 1 Date: 8/15/2025 Time: 9:02 AM 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:	
36-4S-16-03381-000	
entry standar statutor, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): COMMANGE CORC	OF 51/2, RUNW 2458.4 FT TO NW COR OF SE1/4, \$575 FT FOR POB, RUN E 21C FT, \$ 337 25 FT, TO NRW OF ROAD
a) Street (job) Address: 239 SW BRENTWO	OOD WAYLAKE CITY, FL 32024 d shingle roof, replace with new shingle roof
to Many and address of fee simple titleholds	g SW BRENTWOOD WATEARE GILL, ILL 3237
c) Interest in property Owner	
4. Contractor Information TMT Region LLC 295 NW C	ommons Lp STE 115-315 Lake City, FL 32055
a) Name and address: 187 Rossing Eco 200 Miles b) Telephone No.: 352-888-4676	
To Constitution of the payor	nent bond is attached):
a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
7. Person within the State of Florida designated by Ow	ner upon whom notices or other documents may be served as provided by section
a) Name and address:	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates to Section 713.13(I)(b), Florida Statutes:	the following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
is specified):	xpiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FOR COMMENCEMENT MUST BE REF	ADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	Alum Horla
	Dwner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before a	me, by means of physical presence or online notarization, a Florida Notary,
this 13th day of August , 20_	by: Kebecca McNay as Dwn fw (Type of Authority)
for	who is personally known OR produced identification
(name of party on behalf of whom instrument wa	is executed)
Notary Signature WWina	Notary Public State of Florida Jessica M Wilson Wy Commission HH 613.93 (Notary Stamp or Seal Expires 12/4/2028 Updated 12/202