Inst. Number: 202412001157 Book: 1506 Page: 1236 Page 1 of 1 Date: 1/17/2024 Time: 4:38 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 | Clark's Office Stamp |
|--|--|
| Tax Parcel Identification Number: | |
| 14.45.17.08354.111 | |
| THE UNDERSIGNED hereby gives notice that improvem | ents will be made to certain real property, and in accordance with Section 713.13 |
| of the Florida Statutes, the following information is pro- | ovided in this NOTICE OF COMMENCEMENT. |
| 1. Description of property (legal description): a) Street (job) Address: 215 SE | 14.48.17.08354.111 |
| 2. General description of improvements: | Varice Ter |
| 3. Owner Information or Lessee information if the Less a) Name and address: | |
| a) Name and address: (THI)() (1) | er (If other than owner) 215 SE ON VEC. TEY |
| c) Interest in property () () () () | " (Il other than bwiler) E13 OC 7011100 1 CI |
| Contractor Information a) Name and address: Paul McDaniel | 2230 SE Baya Dr. LAke City, FL 32025 |
| b) Telephone No.: 386-752-4072 | |
| Surety Information (if applicable, a copy of the paym a) Name and address: | nent bond is attached): |
| b) Amount of Bond: c) Telephone No.; | |
| 6. Lender | |
| a) Name and address: | |
| b) Phone No | mer upon whom notices or other documents may be served as provided by Section |
| 713,13(1)(a)7., Florida Statutes: | |
| a) Name and address: b) Telephone No.: | The state of the s |
| • | |
| Section 713.13(I)(b), Florida Statutes: | the following person to receive a copy of the Lienor's Notice as provided in |
| | OF |
| b) Telephone No.: | |
| 9. Expiration date of Notice of Commencement (the exist specified): _90 Days | xpiration date will be 1 year from the date of recording unless a different date |
| - | DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF |
| COMMENCEMENT ARE CONSIDERED IMPRO | DPER 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 |
| INSPECTION. IF YOU INTEND TO OBTAIN FIN | IANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE |
| COMMENCING WORK OR RECORDING YOU | R NOTICE OF COMMENCEMENT. |
| STATE OF FLORIDA | Marie 1 2 |
| COUNTY OF COLUMBIA 10. Signature of O | wher or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager |
| | Glano Lillu |
| · · · · · · · · · · · · · · · · · · · | Printed Name and Signatory's Title/Øffice |
| | |
| The foregoing instrument was acknowledged before n | ne, a Florida Notary, this 14 day of 00110111 2024, by: |
| GUON UNU as Owner | |
| (Name of Person) Type of A | |
| | • |
| Personally Known OR Produced Identification _ | i ype |
| Notary Standard (1) | \$************************************* |
| Notary Signature | Notary Stamp or Seal: Notary Public State of |