Inst. Number: 202412024155 Book: 1527 Page: 924 Page 1 of 1 Date: 11/12/2024 Time: 2:23 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: 33.35.17.06788.001	
and the second s	ents will be made to certain real property, and in accordance with Section 713.13
1. Description of property (legal description): a) Street (job) Address:	COMERON TERM LORE CITY
2. General description of improvements:   Y	etal
3. Owner information or Lessee information if the Lesse	e contracted for the improvements
a) Name and address: LYC CHOID     b) Name and address of fee simple titleholder	
c) Interest in property OWNEY  4. Contractor Information	
a) Name and address: HOULING DOX	niel 2230 SE Raya Dr. Lake City
b) Telephone No: 38167571 40	and the second control of the second control
<ol> <li>Surety Information (if applicable, a copy of the payment)</li> <li>Name and address:</li> </ol>	ent dond is attached):
o) Amount of bonte.	
c) Telephone No.:	The office of the first of the
a) Name and address:	
b) Phone No	
7. Person within the State of Florida designated by Own	er 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 :	
	<b>\</b>
	e following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	OF
b) Telephone No.:	
<ol> <li>Expiration date of Notice of Commencement (the expiration date);</li> </ol>	piration date will be 1 year from the date of recording unless a different date
	1
	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
	UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
	ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
INSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
	TACTICE OF COMMISSINCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10 X	β - '\ Λ.
	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Tric Laporen
<del>-</del>	ETIC Elective
۲۲	inted Name and Signatory's Title/Office
	8 1101/ 24
The foregoing instrument was acknowledged before me	e, a Florida Notary, this day of NOV 20 20, by:
Exicteorcie . as Owne	x for Paul McDaniel
(Name of Person) (Type of Aut	The state of the s
Personally Known OR Produced Identification	Туре
Thomas and the state of the sta	
	Notary Public State of Florida Christy Gehr
Notary Signatury	Notary Stamp or Seal My Commission HH 129249  Expires 05/12/2025