

## **Electronically Certified Official Record**

## **DOCUMENT INFORMATION**

Agency Name: Columbia County Clerk of the Circuit Court and

Comptroller

**Clerk of the Circuit Court:** The Honorable James M. Swisher, Jr.

**Date Issued:** 5/17/2024 1:00:14 AM

Unique Reference Number: BAA-DAAB-BCACD-CACEBCABACCH-DDEAIF-I

Instrument Number: 202412010227

Requesting Party Code: 3001

Requesting Party

B75E6EF3-9DDD-97D0-D930-23A215BF692C-SF

## **CERTIFICATION**

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable James M. Swisher, Jr., Columbia County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of the Columbia County Clerk of the Circuit Court and Comptroller. The document may have redactions as required by law.

## **HOW TO VERIFY THIS DOCUMENT**

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting <a href="https://verify.clerkecertify.com/verifyImage">https://verify.clerkecertify.com/verifyImage</a>.

\*\*The web address shown above contains an embedded link to the verification page for this particular document.



Inst. Number: 202412010227 Book: 1514 Page: 1760 Page 1 of 1 Date: 5/16/2024 Time: 9:10 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:	
33-1S-17-04626-000	
THE UNDERSIGNED hereby gives notice that improvemon of the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance with Section 713.13 vided in this <b>NOTICE OF COMMENCEMENT</b> .
SE1/4 O EX 2.40	F NE1/4 & N1/2 OF NE1/4 OF SE1/4 & SE1/4 OF NE1/4 OF NEI/4 OF NEI/
2. General description of improvements: <u>Tear off e</u>	xisting roof and repalce with new asphalt shingle roof
Owner Information or Lessee information if the Lesse     a) Name and address: <u>Richard P Sollee DDS</u> ,	10135 Scott Mill Road, Jacksonville, FL 32237
<ul> <li>b) Name and address of fee simple titleholde</li> <li>c) Interest in property</li> </ul>	r (if other than owner)
a) Name and address: Engless Summer Roo	fing Co, 2667 Tacito Trail, Jacksonville, FL 32223
b) Telephone No.: 904-357-0722  5. Surety Information (if applicable, a copy of the paym	pent hond is attached):
a) Name and address:	
b) Amount of Bond:	
, , ,	
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
713.13(1)(a)7., Florida Statutes:	
a) Name and address: b) Telephone No.:	
· ·	
8. In addition to himself or herself, Owner designates	the following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	OF
a) Name:	OF
b) Telephone No.:	
is specified):	
COMMENCEMENT ARE CONSIDERED IMPR FLORIDA STATUTES, AND CAN RESULT IN Y	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 JR NOTICE OF COMMENCEMENT.
10	Buravel & Solle
Signature of	Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manage
	Richard P. Soller, Owner
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before	me, by means of physical presence or online notarization, a Florida Notan
ICTH days mand 20	by: ilichand souce as owner (Type of Authority) who is personally known OR produced identification  Type
this day or	(Name of Person) (Type of Authority)
	who is personally known OR produced identification
for	as executed)
(name or party on behalf of whom his differe w	11 NEW 201
Notary Signature B. Pak	BRIAN ROLISON MY COMMISSION # HH 466772  (Notary Stamp or Seal)  EXPIRES: January 26, 2028
Notary Signature	water.

