Inst. Number: 202312012867 Book: 1494 Page: 1449 Page 1 of 1 Date: 7/11/2023 Time: 3:18 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:	
22-4\$-16-03090-109 (14736)	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
Description of property (legal description): LOT 9 BLAIN a) Street (job) Address: 161 SW BUCH	NE ESTATES PHASE 1 WD 1040-1461 IANAN DR LAKE CITY, FL 32024
e. senerge acceptant of military and and	
 Owner Information or Lessee information if the Lessee Name and address: FAGLE ARIELLE M 181 SW BUG 	PLIANIANI TICH AVE CVDV FI TORGO
 b) Name and address of fee simple titleholder 	(if other than owner)
c) Interest in property Owner 4. Contractor Information	
a) Name and address: Lewis Walker PO BO	X 2147, Lake City, FL 32056
b) Telephone No.: 868-959-7663	
 Surety Information (if applicable, a copy of the paymer a) Name and address: NA 	nt bond is attached):
c) Telephone No.:	
a) Name and address: NA	
/13.13(1)(a)/., Florida Statutes:	r upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes:	following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:	OF
Expiration date of Notice of Commencement (the expir	ration date will be 1 year from the date of recording unless a different date
OMMENCEMENT ARE CONSIDERED IMPROPE LORIDA STATUTES, AND CAN RESULT IN YOUI IOTICE OF COMMENCEMENT MUST BE RECOR	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IOTICE OF COMMENCEMENT.
FATE OF FLORIDA OUNTY OF COLUMBIA 10	1 Diay
4 4 400	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Dri	1011 0 Provide
1\1\ Print.	ted Name and Signatory's Title/Office
FIRE	en warne and bignatory a true/orace
e foregoing instrument was acknowledged before me, a ATELIEP LA as OWN (Type of Autho	er for Lewis Walker-Profing. In
rsonally Known OR Produced Identification	
Elouro Roun	Notary Public State of Fiorida
otary Signature ()	Notary Stamp or Seal: Colored Reynolds My Commission HH 393220 Expires 5/1/2027