Inst. Number: 202112019232 Book: 1448 Page: 23 Page 1 of 1 Date: 9/23/2021 Time: 9:55 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:	
11-2S-16-01593-015 (4858)	
THE UNDERSIGNED hereby gives notice that improvement 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 NOTICE OF COMMENCEMENT.
Description of property (legal description): COMM AT     a) Street (job) Address: 724 NW MANSFIELD DR WH	
2. General description of improvements: SHINGLE RERO	
3. Owner Information or Lessee information if the Lesse a) Name and address: MICHAEL & MICHELLE COUSINEA	U 724 NW MANSFIELD DR WHITE SPRINGS, FL 32096
b) Name and address of fee simple titleholder c) Interest in property OWNER	(if other than owner)
4. Contractor Information	
a) Name and address: BYRD'S EYE ROOFING/DAN b) Telephone No : 386-935-6559	IEL BYRD 505 SW DRANE ST BRANFORD, FL 32008
5. Surety Information (if applicable, a copy of the paymers) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	
a) Name and address:	
7. Person within the State of Florida designated by Owr 713.13(1)(a)7 Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No :	OFOr
is specified):	and on date will be 1 year from the date of recording offices a different date
COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE RECURSPECTION. IF YOU INTEND TO OBTAIN FIN. COMMENCING WORK OR RECORDING YOUR STATE OF FLORIDA COUNTY OF COLUMBIA 10.	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 DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.  Mer or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manage
-	Michelle Cousineau Dury Y Printed Name and Signatory's Title/Office
	e, by means of <b>X</b> physical presence oronline notarization, a Florida Notary
this 10 day of 12ph 20 2	by: M. Lelle C., Imm as (Type of Authority)
for	who is personally known OR produced identification executed)
(name of party on behalf of whom instrument was	executed)  Type ID FC Drise Cour
Notary Signature Kaliffeet Housett	(Notary Stamp or Seal)  (Notary Stamp or Seal)  (Notary Public State of Florida Comm# HH150231

Expires 7/7/2025