NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 202512020211 Date: 09/05/2025 Time: 1:44PM

ALINE, T. FVI IVE
Page 1 of 1 B: 1548 P: 1557, James M Swisher Jr, Clerk of Court
Columbia, County, By: AK
Deputy Clerk

		Columbia, County, By: AK Deputy Clerk		
06-78-16-04150-111 (21869)	Deputy Clerk		
of the Florida Statute	DERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 lorida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.			
1. Description of prop	perty (legal description): PARTOFLOT 1 WILSON SPRINGS MEADOWS UNTI-COMM SECOR OF SWIM OF SEI/A, W 205.88 FT FOR POB, CONT W 208.44 FT, N 392.28 FT, E 208.44 FT, S 392.28 FT D) Address; 4578 SW WILSON SPRINGS RD, FORT WHITE, FL, 32038			
a) Street (joi	b) Address; 4578 SW WILSON SPRINGS RD, FORT WHITE, FL, 32038			
2. General description	of improvements: Placing shed			
3. Owner Information	or Lessee Information if the Lessee contracted for the Improvements:			
	nd address: Angelita Sepulveda 4578 SW WILSON SPRINGS RD, FORT WHITE, FL, 32038			
b) Name an	nd address of fee simple titleholder (if other than owner)			
4. Contractor Informa	n property Owner			
a) Name an	nd address: 5 Star Portable Buildings LLC Lake City		1438 W US Hwy 90, Lake City, FL 32055	
b) Telephor	e No.: (386) 487-5363			
5. Surety Information	(if applicable, a copy of the payment bond is attached):			
a) Name an	nd address:			
c) Telephon	of Bond:ne No.:			
6. Lender				
a) Name a	nd address:			
b) Phone N	tota of Elarida decignated by Over		nents may be served as provided by Section	
	Pace of Florida designated by Own 7., Florida Statutes:	er upon whom notices or other docum	lents may be served as provided by Section	
a) Name an	d address: Ruby Sepulveda		149 SW Byron Ct, Fort White, FL 3208	
b) Telephon	e No.: (386) 681-7091			
		e following person to receive a copy o	f the Lienor's Notice as provided in	
	3 13(l)(b), Florida Statutes:OFOF			
b) Telephor			V410041101101101101101101010101010101010	
9. Expiration date of N is specified):		iration date will be 1 year from the d	ate of recording unless a different date	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.				
STATE OF FLORIDA				
COUNTY OF COLUM	BIA 10	/\////////////////////////////////////		
	Signature of OW	ner or Lessee, or Owner's or Lessee's A	Authorized Office/Director/Partner/Manager	
		Angelita Segulvean Integ Name and Signatory's Title/Off	la lowner	
			P	
The foregoing instrum	ent was acknowledged before me,	, by means of Kphysical presence o	oronline notarization, a Florida Notary,	
this 5th day of	September 2025	5 by: Anna Sweaven (Name of Person)	gin as Notary	
for Angelita (name of party on	Sepulved a behalf of whom Instrument was e	who is personally known	(Type of Authority) OR produced identification	
francis as based out	A STATE OF THE PARTY OF THE PAR	ласи <i>сац</i> , Туре	FL DL	
Notary Signature	mag. Dueone	MNotary Stamp or Seal)	Notary Public State of Florida Anna J Swearengin My Commission HH 415510 Expires 6/27/2027	

Anna J Swearengin My Commission HH 415610 Expires 6/27/2027