Inst. Number: 202112021781 Book: 1450 Page: 2676 Page 1 of 1 Date: 10/26/2021 Time: 12:23 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:	
03-4S-17-07592-207(28318)	
03-43-11-01392-201(20310)	
THE UNDERSIGNED hereby gives notice that improveme 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.
1. Description of property (legal description): LOT 7	BLOCK F EASTSIDE VILLAGE UNIT 2 735-97
2. General description of improvements: 10x12 WG	ood shed
3. (Name: Information or Lascas information Walks to	
b) Name and address of fee simple titleholder	t 244 SE Rosewood Cir Lake City, FL 32025 (if other than owner)
, , , , , , , , , , , , , , , , , , ,	
	Blanding Blvd suite 18 Orange park, FL 32065
N 701-1 N	
5. Surety information (if applicable, a copy of the payme	nt bond is attached):
a) Name and address: N/A h) Amount of Pande	ur onin 9 strausol:
c) Telephone No.:	
o. Lenger	
a) Name and address: N/A	
b) Phone No.	er upon whom notices or other documents may be served as provided by Section
a main of a lost in the area for fire?;	s upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
a) Name:	following person to receive a copy of the Lienar's Notice as provided in
b) Telephone No.:	
Expiration date of Notice of Commencement (the expirits specified):	ration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE COMMENCEMENT ARE CONSIDERED IMPROPE FLORIDA STATUTES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORD	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF THE PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ROBER AND POSTED ON THE JOB SITE BEFORE THE FIRST HOME OF THE FIRST H
	OTICE OF LUMMENCEMENT,
STATE OF FLORIDA COUNTY OF COLUMBIA 10. 7/6	(A)
	r or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Signature	a decasee/of Owner sor Lessee's Authorized Office/Director/Partner/Manager
<u>4</u>	oward DeChant
Print	ed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a	Elarida Notari this 2(th in a Cathern 2)
1 - 1 1	
Toward DechanTas	for
(Name of Person) (Type of Author	rity) (name of party on behalf of whom instrument was executed)
Personally KnownOR Produced Identification	Type 1) . MINDY HIGGINS
Personally Known OR Produced Identification	Type 1