

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. _____ Tax Folio No. 33-35-17-06386-000
State of FL County of Columbia

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: LOT 2 Block 2 Morning Side Heights S/D. ORB
814-2400, 912-1641, 921-1274, WD 1015-841, WD 1012 741 WD 1018-23%
(CORR ADDR), WD 1122-2458

Address of property being improved: 214 NE Jacksonville Loop, Lake City FL 32055

General description of improvements: Roof Replacement

Owner Michael & Michelle Lindo

Address 214 NE Jacksonville Loop Lake City FL 32055

Owner's interest in site of the improvement _____

Fee Simple Titleholder (if other than owner) _____

Name _____

Address _____

Contractor Honest Abe Roofing

Address 5436 Western Way Jacksonville FL 32256

Phone No. _____

Fax No. _____

Surety (if any) _____

Address _____

Amount of bond \$ _____

Phone No. _____

Fax No. _____

Name and address of any person making a loan for the construction of the improvements.

Name _____

Address _____

Phone No. _____

Fax No. _____

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name _____

Address _____

Phone No. _____

Fax No. _____

In addition to himself, owner designates the following person to receive a copy of the Lessor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name _____

Address _____

Phone No. _____

Fax No. _____

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): _____

THIS SPACE FOR RECORDER'S USE ONLY

Signed: Michael Lindo OWNER DATE 5/1/23
Before me this _____ day of _____
County of _____ State of Florida, has personally appeared
Michael Lindo herein by
himself/herself and affirms that all statements and declarations herein
are true and accurate

Katelynn Fuller

Notary Public at Large, State of _____

County of _____

My commission expires: _____

Personally Known _____

Produced Identification _____

