Inst. Number: 202312003450 Book: 1485 Page: 1340 Page 1 of 1 Date: 2/28/2023 Time: 2:48 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	O. U. off
	Clerk's Office Stamp
Tax Parcel Identification Number:	
06-4S-17-07951-000 (28967)	
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.
1. Description of property (legal description):	. 20 LAKE FOREST S/D PLAT 2 UNIT 4. ORB 329-74, 767-083, 885-1356 & ORB 1007- 1656, WD 1056-
a) Street (job) Address: 1359 SW MCFARLANE	E AVE, LAKE CITY
Owner Information or Lessee information if the Lessee A) Name and address: HASKETT LARRY H Name and address for the second secon	& JEAN 1359 SW MCFARI ANE AVELAKE CITY EL 22021
	(if other than owner)
4. Contractor infolliation	
a) Name and address:TMT Roofing LLC 295 N b) Telephone No.:352-888-4676	√W Commons Lp Ste 115-315 Lake City, FL 32055
5. Surety Information (if applicable, a copy of the navme	nt hond is attached):
a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	
a) Name and address:	
, 13.13(1)(a)/., Florida 3(a(d(62)	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13(I)(D), Florida Statutes:	following person to receive a copy of the Lienor's Notice as provided in OF
	ration date will be 1 year from the date of recording when here
WARNING TO OWNER: ANY PAYMENTS MADE COMMENCEMENT ARE CONSIDERED IMPROPE FLORIDA STATUTES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORD	E 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 REFORE
TATE OF FLORIDA OUNTY OF COLUMBIA 10.	ary H. Hoskett er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Owne	r or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	arry H. Haskett ed Name and Signatory's Title/Office
Print	ed Name and Signatory's Title/Office
he foregoing instrument was acknowledged before me, a OH OH OF COMMENT (Name of Person) OR Produced Identification	(name of party on behalf of whom instrument was executed)
^ / o · ·	
otary Signature	Notary Stamp or Seal: CAITLIN M. SPRADLEY

Expires September 9, 2024