NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

10-75-17-09974-204

Clerk's Office Stamp

Inst: 202512009267 Date: 04/28/2025 Time: 11:39AM

Page 1 of 1 B: 1538 P: 2085, James M Swisher Jr, Clerk of Court

Columbia, County, By: ML

Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

	. 1 0	1 610 700	10,10 001 200 017 201
Description of property (legal of a) Street (iob) Address:	description): Lot 9 Dogwood	d Acres S/D. 180-	1869, 836-729, 917-251 FC 32643
2. General description of improve	ements: Accessory Stru	acture	
3. Owner Information or Lessee in a) Name and address:_	nformation if the Lessee contracted for the	for the improvements:	141, High Springs, FL 3264
4. Contractor Information a) Name and address:	Same as above		
b) Telephone No.:	le, a copy of the payment bond is at	tached):	
	none		
c) Telephone No.:			
6. Lender	NO 610 0		
	none		
7 Parron within the State of Flor	ida designated by Owner upon whor	m notices or other documents ma	by he served as provided by Section
7. Person within the state of nor 713.13(1)(a)7., Florida			, , , , , , , , , , , , , , , , , , , ,
	none		
			10 No. 1 075
	If, Owner designates the following p	erson to receive a copy of the Lie	nor's Notice as provided in
Section 713.13(I)(b), Flo	orida Statutes:		
	OF		
b) Telephone No.:		The second secon	
WARNING TO OWNER: AN COMMENCEMENT ARE CO FLORIDA STATUTES, AND	IY PAYMENTS MADE BY THE CONSIDERED IMPROPER PAYMECAN RESULT IN YOUR PAYING	OWNER AFTER THE EXPIRA ENTS UNDER CHAPTER 713 TWICE FOR IMPROVEMEN	, PART I, SECTION 713.13, ITS TO YOUR PROPERTY; A
INSPECTION. IF YOU INTER	ENT MUST BE RECORDED ANI ID TO OBTAIN FINANCING, CO RECORDING YOUR NOTICE OF	ONSULT YOUR LENDER OR A	
STATE OF FLORIDA COUNTY OF COLUMBIA	10. M/h	h	
	ELVINOR DE LA CAMPAGNA DEL CAMPAGNA DE LA CAMPAGNA DEL CAMPAGNA DE LA CAMPAGNA DE	And the state of t	ed Office/Director/Partner/Manager
	Joseph	oh Kille Wha	dec
	Printed Name a	oh Kyle Wha	
	rinted Name a	ina signatory s ritley office	
		1	200
The foregoing instrument was ac	knowledged before me, a Florida No	otary, thisday of	pril 2025 by:
			f of whom instrument was executed)
(Name of Person)	(Type of Authority)	(name of party on behalf	r or whom instrument was executed)
Personally Known X OR Pro	duced IdentificationType		
Notary Signature	MO	Notary Stamp or Seal:	GLENN M. GAY Notary Public-State of F Commission # HH 638