Inst: 202412009687 Date: 05/09/2024 Time: 9:40AM Page 1 of 1 B: 1514 P: 393, James M Swisher Jr, Clerk of Court Columbia, County, By: VC Deputy Clerk

AFTER RECORDING - RETURN TO:

Kim Derks/Dream Builders USA, Inc.7600 Lake Ave, Fanning Springs, Florida 32693 PERMIT NUMBER:

## NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statues the following information is provided in the Notice of Commencement. ) TAX ID: 19-6S-16-03869-101 (20126)

DESCRIPTION OF PROPERTY: BEG NE COR OF NW1/4, RUN E 249.18 FT, AKA W1/2 OF LOT 1 ICHETUCKNEE JUNCTION S/D UNR

2. GENERAL DESCRIPTION OF IMPROVEMENT: Remove existing shingle roof & install new metal roof

		, RUN E 249.18 FT, AKA W1/2 OF LOT 1 ICHETUCKNE	
2. GENERAL DESCRIPTION O	OF IMPROVEMENT: Re	move existing shingle roof & install new	metal roof
3. OWNER INFORMATION:	a. Name Leander Ben	nett, Debra Phillips	
b. Address 175 SW Lenox	Glenn. Ft White, FL	c Interest in property: Owner	
d. Name and address of fee simple			
CONTRACTOR'S NAME, A			
Dream Builders USA, Inc.	7600 Lake Ave	Fanning Springs, Florida 32693 352-535-76	80
SURETY'S NAME, ADDRE	SS AND PHONE NUMBER	R AND BOND AMOUNT:	
LENDER'S NAME, ADDRE	ESS AND PHONE NUMBE	R:	
		y Owner upon whom notices or other docume	nts may be served
as provided by Section 7	1	a Statutes:	
NAME, ADDRESS AND PHON		Enning Springs Elevide 22(0) 252 525 7(00	
Dream Builders USA, Inc.	7600 Lake Ave	Fanning Springs, Florida 32693 352-535-7680 es the following to receive a copy of the Lieno	r's Notice as
provided in Section 713.13			1 S Notice as
NAME, ADDRESS AND PHON			
Dream Builders USA, Inc.		Fanning Springs , Florida 32693 352-535-7	690
		epiration date is 1 year from the date of recording	
different date is specified):	commencement (the ex	, 2025	ng umess a
	Y PAYMENTS MADE I	BY THE OWNER AFTER THE EXPIRATION OF	THE NOTICE OF
		PAYMENTS UNDER CHAPTER 713, PART I, SI	
FLORIDA STATUTES, AND	CANRESULT IN YOUR	PAYING TWICE FOR IMPROVEMENTS TO YO	OUR PROPERTY.
		RDED AND POSTED ON THE JOB SITE BEFOR	The state of the s
		CING, CONSULTWITH YOUR LENDER OR AN	
BEFORE COMMENCING W	ORK OR RECORDING Y	YOUR NOTICE OF COMMENCEMENT. Verificati	on pursuant to section
knowledge and belief.	or perjury i deciare that in	nave read the fore going and that the facts stated in it are tr	
allifae (1)	From Mille	en Alyce C. BROWN VIII	14m 5
Signature of Owner or		Print Name, Provide Signatory's Title/O	fficeOwner's
Authorized Officer/Direct	or/Partner/Manager		
State of Florida			
County of : ALACHU	4	ath 1/	2 1
The foregoing instrument v	vas acknowledged before	re me this 8 h day of May earn), as Anthonzed Office	, 2024
By ATYCE C.B	nown Will	eam), as Anthonzed Office	(name of
person), J	(type of authori	ity,e.g. officer, trustee, attorney in fact) For	
Leander	enne//	(name of party on behalf of whom instrur	nent was executed)
Personally known or	produced the fol	lowing type of identification:	
	*	Marie Va	Ohn,
		- www.	Nov

MARIE J. CALHOUN
Notary Public - State of Florida
Commission # HH 070064
My Comm. Expires Mar 10, 2025
Bonded through National Notary Assn.

(Signature of Notary Public)