## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 202112020415 Date: 10/07/2021 Time: 10:32AM
Page 1 of 1 B: 1449 P: 1121, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13

	information is provided in this NOTICE		more and the second		** :
L. Description of property (legal description a) Street (job) Address:	ription): 03-45-17-0 57 SE Rachael Wa	7570-0	72	and the periods of	
. General description of improveme		J			
Owner Information or Lessee information a) Name and address:	mation if the Lessee contracted for the	improvements:	LakeCtal		
b) Name and address of fee c) Interest in property	simple titleholder (if other than owner	r)	7		
Contractor Information					
a) Name and address: Be	en Martin		·———		
. Surety Information (if applicable, a	copy of the payment bond is attached)	): .		* -	, ti
a) Name and address:	ŧ		<u> </u>		
b) Amount of Bond:			- <del></del>	<del></del>	
Lender	The state of the s	<i>y</i> -,	5.		
	Vi.			. •	
b) Phone No.		×	-		
	lesignated by Owner upon whom notice	es or other docum	nents may be served	as provided by	Section
713.13(1)(a)7., Florida Statu			* a s *.	100	X
a) Name and address: b) Telephone No.:				<del></del>	<del></del>
b) Telephone No.:					
In addition to himself or herself. Ov	vner designates the following person to	receive a copy o	f the Lienar's Notice	as provided in	7
Section 713.13(I)(b), Florida			, the Elenor S Hotise	as provided in	
a) Name:	OF			*	2 33
b) Telephone No.:					· · · ·
ARNING TO OWNER: ANY PA	AYMENTS MADE BY THE OWNER DERED IMPROPER PAYMENTS U	RAFTER THE E	XPIRATION OF THE	HE NOTICE C	)F
ORIDA STATUTES, AND CAN	RESULT IN YOUR PAYING TWICE	E EOD IMBDOL	IR 713, PART I, 31	ID DDODEDT	13, V. A
OTICE OF COMMENCEMENT	MUST BE RECORDED AND POST	ED ON THE IO	B SITE BEFORE T	HF FIRST	1, A.
ISPECTION. IF YOU INTEND TO	OBTAIN FINANCING, CONSULT	T YOUR LENDE	R OR AN ATTOR	NEY BEFORE	1
DMMENCING WORK OR RECO	ORDING YOUR NOTICE OF COM	MENCEMENT.		L .	
ATE OF FLORIDA	0	11			
DUNTY OF COLUMBIA	10. / Den //	ant	3		4
	Signature of Owner or Lessee, or Own	er's or Lessee's A	uthorized Office/Dire	ector/Partner/N	Vlanage
	- Z M	and a			
Notary Public State of Flori	da Den 170	CICLY)			
Robert Scott Stewart My Commission HH 177498	Printed Name and Signa	tory's Title/Office			
Exp. 9/26/2025		<u>~</u> .	م ا د		
e foregoing instrument was acknowl	edged before me, a Florida Notary, this	day	of Octob	er .20 2	, by
Ron Martin					
1264	asfor				
Name of Person)	(Type of Authority)	(name of party or	n behalf of whom ins	trument was ex	ecuted
rsonally Known OR Produced	Identification Type	STATE OF FLORIDA, C	COUNTY OF COLUMBIA		O'M
Isolially Killowii OK Produced		HEREBY CERTIFY, IN	at the above and foregoing	-51	
	62	s a true copy of the orig	inal filed in this office.	13	1
tary Signature		MALEC M CMICHED ID	CLERK DECOLIETE	D CO	
	The .	Notary Stamp or	Seal: " Seal: "	/ I THE	
	7/2	Notary Startip or	seal:	LIVE	'OA
•		Notary Starily or By Depu	Seal: US	LUN	OPIDA
		Notary Starily of By Life Dapu	Clork 0 0 1 /zózl	A COUNTY	AO/AUTHON DA
		By Depu	10 1 /2021	A COUNTY	AO/A/O