Inst. Number: 202412002715 Book: 1507 Page: 2556 Page 1 of 1 Date: 2/14/2024 Time: 9:50 AM 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	Clerk's Office Stamp
Tax Parcel Identification Number:	
36-28-16-01895-003 (6223)	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
	COR OF SE1/4 OF SE1/4, RUN N 257.13 FT FOR POB, CONT N 208.60 FT
a) Street (job) Address: 208 NW OUTLAW COUNTS 2. General description of improvements: Roof-Over	YY GLN, LAKE CITY
3. Owner Information or Lessee information if the Lesse a) Name and address: DILLON CONNIE 206 NW OUT	LAW COUNTRY GLN LAKE CITY, FL 32055
b) Name and address of fee simple titleholder c) Interest in property Owner	(if other than owner)
4. Contractor Information	
a) Name and address: Lewis Walker PO BOX 2147, L b) Telephone No.: 866-959-7683	ake City, FL 32056
5. Surety Information (if applicable, a copy of the payme a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:6. Lender	
a) Name and address:	
b) Phone No.	
713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
b) Telephone No.:	
 Expiration date of Notice of Commencement (the exp is specified): 	iration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROF FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	PE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, JR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST UNCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	Connie Dillow
	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	CONVIE DICLON Trinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	by means of physical presence or online notarization, a Florida Notary
this 1st day of Feb 3021	to Course Pillon - Owner
uay of	(Name of Person) (Type of Authority)
for LEWIS Walker Rootin (name of party on behalf of whom instrument was ex	(Name of Person) (Name of Person) (Type of Authority) OR produced identification
× <u>-</u>	Type ID
Notary Signature Eloya Rymiol	(Notary Stamp or Seal) Notary Public State of Florida Eloise Reynolds My Commission HH 393220 Expires 5/1/2027