Inst. Number: 202312005264 Book: 1487 Page: 633 Page 1 of 1 Date: 3/29/2023 Time: 8:44 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:	
1-45-16-02905-224 (12822)	
of the Florida Statutes, the following information is pro-	a contract of the contract of
a) Street (job) Address: \$95 SW	I Huntington 4 Woodrest S/D Ex that pet Desc Kurby Avenue, Lake City, FL 32024
2. General description of improvements:)
3. Owner Information or Lessee information if the Lesse a) Name and address:	1- 595 Sw Kirby Ave., (IAKE City, F1, 32024
A Contractor Information —	
a) Name and address:	Strig
b) Telephone No.: 386-8674596 5. Surety Information (if applicable, a copy of the payment)	
	ent bond is attached).
b) Amount of Bond:	
c) Telephone No.:	4.10.00000
6. Lender	
b) Phone No.	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes: a) Name and address:	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	And the second s
	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROPRIOR FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOMMENCEMENT TO OBTAIN FINAL COMMENCING WORK OR RECORDING YOUR	PE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
COUNTY OF COLUMBIA 10. Signature of Ow	iner or Lessee of Owner's or Lessee's Authorized Office/Director/Partner/Manager
Pr	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, a Florida Notary, this 23-4 day of March 2023 by:
Lunn Kinn as Owne	for .
(Name of Person) (Type of Aut	thority) for (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	Type FL Diver license
Notary Signature ————————————————————————————————————	Notary Stamp or Seal: Notary Stamp or Seal: Notary Public State of Florida Notary Public State of Florida My Commission HH 170005 HH 170005