Inst. Number: 201312008547 Book: 1255 Page: 2406 Date: 6/5/2013 Time: 11:21:10 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida 47 31136

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

2-48-16-02935-018	
TH. UNDERSIGNED hereby gives notice that improvements will Florida Statutes. the following information is provided in this No.	be made to certain real property, and in accordance with Section 713.13 of the OTICE OF COMMENCEMENT.
Description of property (legal description):	
a) Street (job) Address: 186 SW Fennige	in way LC FI 32025
2. General description of improvements: Qarp	ort '
3. Owner Information	1 - 22.35
a) Name and address: Willet M. F	layes 186 SW Fennigan Way L.C. 32025
b) Name and address of fee simple titleholder (if othe	er tHan owner)
a) Name and address: Owner build b) Telephone No.: 352-372-6597	
b) Telephone No.: 332-372-6577  5. Surety Information	Fax No. (Opt.)
a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	Fax No. (Opt.)
6. Lender a) Name and address:	
b) Phone No	
7. Identity of person within the State of Florida designated by or	wner upon whom notices or other documents may be served:
a) Name and address:	Fax No. (Ont.)
8. in addition to himself, owner designates the following person	to receive a copy of the Lienor's Notice as provided in Section
73.3.13(I)(b), Florida Statutes: a) Name and address:	
b) Telephone No.:	Fax No. (Opt.)
9. Expiration date of Notice of Commencement (the expiration	data is one year from the data of recording unless a different and
is specified):	sole is one year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER	AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION	713.13. FLORIDA STATUTES, AND CAN DESURT IN YOUR DAVING THESE FOR
INTERCOLUNIER IS TO TOUR PROPERTY; A NOTICE OF COMMENC	CEMENT MUST BE RECORDED AND POSTED ON THE IOD SITE DEPOSE THE FIRST
YOUR NOTICE OF COMMENCEMENT.	YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA	
10. <u>C</u>	Spature of Owner or Owner's Authorized Office/Director/Partner/Manager
	1 11 M 11
D. D.	ItleT M. May S
	14
The foregoing instrument was acknowledged before me , a Florida No	otary, this 5th day of June 20 13 by:
Willet IVI Hays as	(type of authority, e.g. officer, trustee, attorney
fact) for	
	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type	L Delic # Homando to section
Mari Mari	SHERRI W. CASSIDY
Notary Signature WWW WSSeles	Notary Stamp My Comm. Expires Mar 10, 2015
$\sim$	AND I WHATE CONTRIBUTION OF E SOLOR II
11. Verification pursuant to Section 92.525, Florida Statutes. L	Inder negalities of Parisery I declar (h. 1)
the facts stated in it are true to the best of my knowledge	and belief
	Signature of Natural Person Signing (in line #10 above )