NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

11-25-16-01593-112

Clerk's Office Stamp

Inst: 202512018052 Date: 08/11/2025 Time: 12:46PM Page 1 of 1 B: 1546 P: 1720, James M Swisher Jr, Clerk of Court Columbia, County, By: VC

Expires February 27, 2028

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Description of property (legal description a) Street (lob) Address:	cription): 562 NW BISON CT WHITE SPRINGS 32096	
2. General description of improveme	INTS: CAPPORT STORAGE UNITY 22' X 36	
 b) Name and address of fer 	mation if the Lessee contracted for the improvements: LUNDA KAY CAMPRELL 1691 5W JUDY GLEN, LAKE CITY e simple titleholder (if other than owner)	3202
c) Interest in property 4. Contractor Information	and R	
a) Name and address: No.: 4L	LEUNDA KAY CAMPBELL 1691 SW JUDY GLEN, LAKE CRITY	3702
	а сору of the payment bond is attached):	
a) Name and address:		
al Talambassa Mass		
6 Lender		
b) Phone No		
	designated by Owner upon whom notices or other documents may be served as provided by Section	
713.13(1)(a)7., Florida Stat		
by relephone tron		
8. In addition to himself or herself, O Section 713.13(I)(b), Florida	owner designates the following person to receive a copy of the Lienor's Notice as provided in a Statutes:	
a) Name:	OF	
b) Telephone No.:		
	nencement (the expiration date will be 1 year from the date of recording unless a different date	
COMMENCEMENT ARE CONS FLORIDA STATUTES, AND CAN NOTICE OF COMMENCEMENT INSPECTION, IF YOU INTEND	PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A IT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE CORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA	16 Mulu de Kaylandell Signature of Owner or Lessee, or Owner or Lessee's Authorized Office/Director/Partner/Manager	r
	MELLINDA KHY CAMFBELL Printed Name and Signatory's Title/Office	
<u>Yelinda Compa</u>	wiedged before me, a Florida Notary, this	
(Name of Person)	(Type of Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produce	ed Identification X Type FL DWIOS LICENS	
Notary Signature	Notary Stamp or Seal: LAUREN D. HOUSTON Commission # HH 4972	