Inst. Number: 202212007159 Book: 1464 Page: 491 Page 1 of 1 Date: 4/13/2022 Time: 2:04 PM 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:		
06-15-17-09925-15		
06-15-17-09125-15		
of the Florida Statutes, the following information is prov		·
1. Description of property (legal description): Comp a) Street (job) Address:	n at NW cor of S/2 of NW 1/4 run E 922.5	59 <i>f</i> +,
2. General description of improvements:	grewn swimming pwi	
Sowner Information or Lessee information if the Lesse a) Name and address: b) Name and address of fee simple titleholder c) Interest in property	contracted for the improvements: SIONE, 198 SW Magple Ct., Fort White, Fu (if other than owner)	3205
4. Contractor Information a) Name and address: SSON L b) Telephone No.: (386) 396	Fraze 346 NW Try Glen, Lake City, Fl 1-6722 320	255
b) Amount of Bond: c) Telephone No.:		
6. Lender a) Name and address: VStar (Credit Union	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section	
b) Telephone No.:		
Section 713.13(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in	
a) Name: b) Telephone No.:	OF	
· · · · · · · · · · · · · · · · · · ·	piration date will be 1 year from the date of recording unless a different date	
COMMENCEMENT ARE CONSIDERED IMPROF FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE RECO	DE 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 DROED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA 10	« U Ondet Serre	
Signature of Ow	ner or Lessee, or 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	ner for	
(Name of Person) (Type of Aut Personally Known OR Produced Identification	Type	
Notary Signature OR Produced Identification	Notary Stamp or Seal: Susan Lee Fraze NOTARY PUBLIC ESTATE OF FLORIDA	Α.
	Comm# GG911469 Expires 12/16/202	3