Inst. Number: 202412021846 Book: 1525 Page: 1101 Page 1 of 1 Date: 10/18/2024 Time: 9:15 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	Cicrh's Office Stamp	
Tax Parcel Identification Number: 15-45-16-03023-108 (13796)		
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. CALLAWAY S/D UNIT 1. 819-193, 831-521, 888-2082, WD 1062-1198, CT 1302-1 16-947, WD 1310-85.	912,
a) Street (Job) Address: 120 SW GARDET 2. General description of improvements: Re-Roof	N CT, LAKE CITY	
Owner information or lessee information if the lesse     a) Name and address: Claritia Keisey     b) Name and address of fee simple Ulteholder	120 SW GARDEN CT, LAKE CITY	
c) Interest in property Homeowner		
Contractor Information     a) Name and address: Florida Premier Roofing     b) Telephone No.: 407-955-3530	10246 E Colonial Dr., Orlando FL 32817	
5. Surety Information (if applicable, a copy of the payme	ent bond is attached):	
c) Telephone No.:		
å Lender		
-		
713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section	
h) Telephone No.:		
Section 713 13/11/h), Florida Statutes:	he following person to receive a copy of the Llenor'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	
WARNING TO OWNER: ANY PAYMENTS MAI COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE	
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Of	x Claution Klhout vner or Lessee's Authorized Office/Director/Partner/Manager	
	Clanita Kelsey	
*.	Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before m	e, by means of Sphysical presence or Contine noterization, a Florida Notary.  4. by: Clanifa Kelsen as Suner	
16 day of 00 10 10	(Name of Person) (Type of Authority)	
for		
	Typo ID	
1 Second Comment	(Notary Stamp or Seal)  KEVIN WANG  Commission # HH 363899  Expires February 16, 2027	H Sexultaness Commence



