Inst. Number: 202412002262 Book: 1507 Page: 1140 Page 1 of 1 Date: 2/5/2024 Time: 8:30 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:	
01-25-17-04659-024 (23773	
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): 01-25-17-04659-034 Fronk Thomas S/D Lot 48 a) Street (job) Address: 241 NE Spivey Ln. Lake City 2. General description of improvements: Metal roof-over	
3. Owner Information or Lessee information if the Lessee contracted for the improvements: a) Name and address: Witte Family Trust 2968 Kosuth Rd. NE Palm Bay, FL b) Name and address of fee simple titleholder (if other than owner) c) Interest in property OWNEr 4. Contractor Information a) Name and address: Nicholas Carlucci 268 SE Press Ruth Dr. Lake City 32025 b) Telephone No.: 386-205-3865 5. Surety Information (If applicable, 2009) of the payment bond is attached):	
a) Name and address:	
c) Telephone No.:	
6. Lender a) Name and address: 4//4	
b) Phone No	
Section 713,13(J)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in OF
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):	
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 RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Oenise Clark (Witte)
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager Denise Clark (W; ++e) Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me, a Florida Notary, this 1st day of February 2024, by: Denise Clark (Witte) as Trustee for Witte Family trust (Name of Person) (Type of Authority) (name of party on behalf of whom Instrument was executed)	
Personally Known OR Produced Identification X	Type License DANIEL J. CARLUCCI
Notary Signature Wasi V. Cal	Notary Stamp or Seal: Notary Stamp or Seal: EXPIRES: JUL 28, 2024 Bonded through 1st State Insurance