Inst. Number: 202212012253 Book: 1469 Page: 1554 Page 1 of 1 Date: 6/23/2022 Time: 8:02 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:	
27-3S-16-02312-004	
	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.  IRWAY HILLS CONDO, 456-416, 728-239, 748-2202, DC 988-326, DC 1147-557, PB 1147-554, WD 1182-8, WD 1182-9, WD 1273-1694, WD 1465-1245, ILLS GLN. #4. LAKE CITY F1.32055
2. General description of improvements: REPLACE 2 F	PATIO DOORS, SIZE FOR SIZE
Owner Information or Lessee information if the Lessee     Name and address: SHERMAN L REED	
<ul> <li>c) Interest in property</li> </ul>	(if other than owner)
	ITRY, INC. // 222 SW CROSS POINTE COURT, LAKE CITY, FL 32024
b) Telephone No.: 386-754-6924	
Surety Information (if applicable, a copy of the payme     a) Name and address: N/A     Amount of Bonds	
c) Telephone No.:	
6. Lender	
b) Phone No.	
<ol> <li>Person within the State of Florida designated by Owne 713.13(1)(a)7., Florida Statutes:</li> </ol>	er upon whom notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No.:	The second secon
Section 713.13(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expirit is specified):	iration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF FER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A FROED AND POSTED ON THE JOB SITE BEFORE THE FIRST NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Own	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	SHERMAN RED, OWNER
Peir	nted Name and Signatory's Title/Office
he foregoing instrument was acknowledged before me,	a Florida Notary, this Zon day of Time 20 22 by:
(Name of Person) (Type of Auth	for
Personally Known OR Produced Identification	- Type FL Pine's licese
lotary Signature	Notary Stamp or Seal:  Notary Stamp or Seal:  Notary Stamp or Seal:  Notary Public State of Florida  Teresa Candelaria  My Commission  HH 170005