	NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
	Tax Parcel Identification Number:		
•	3 <u>4-3S-17-07235-000 (27606)</u>		
	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. T 11 BLOCK 12 COUNTRY CLUB ESTATES REPLAT. LIFE ESTATE IN ORB 811-28 1. Description of property (legal description): a) Street (job) Address: 485 Southeast Country Club Road, Lake City, FL 32025 2. General description of improvements: INSTALLATION OF ROOF MOUNTED SOLAR PANELS		
	Some and description of improvements:		
	a) Name and address: MIChael Schlink b) Name and address of fee simple titleholder (if other than owner)		
	c) Interest in property OWNER		
	4. Contractor Information a) Name and address: FREEDOM FOREVER FL LLC		
	b) Telephone No.: 407 795 8231 5. Surety Information (if applicable, a copy of the payment bond is attached):		
	a) Name and address:		
	c) Telephone No.:		
	6. Lender		
	b) Phone No		
	713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section	
	a) Name and address: b) Telephone No.:		
	8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes:		
	a) Name:	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	7-1-1 1 1 (11)	
	COUNTY OF COLUMBIA 10 Signature of Ox	iner of Lessee, or Owner's Or Lessee's Authorized Office/Director/Partner/Manager	
	ba		
	7	Printed Name and Signatory's Title/Office	
	The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, a Florida Notary, this 14th day of 0ther, 2024 by: Michael Schlink as owner.		
	(Name of Person) (Type of Authority)		
	(name of party on behalf of whom instrument was of		
	Notary Signature	(Notary Stamp or Seal) LEIGH ANN HOLLAND Notary Public - State of Ecrica Commission # HH 169055 My Comm. Expires Aug 24, 2025	