NOTICE OF COMMENCEMENT	
	Clerk's Office Stamp
Tax Parcel Identification Number:	}
09-45-17-08300-098	
THE UNDERSIGNED hereby gives and and	
of the Florida Statutes, the following information is pro	nents will be made to certain real property, and in accordance with Section 713.13
1 Decoring as as a	wided in this NOTICE OF COMMENCEMENT.
2. General description of improvements: Pero	26 WODDHAVEN SID UNITY, 475-389 890-1663, Chio Way Lake City, FL 32025
3. Dwner Information	Q+
Owner Information or Lessee Information if the Lesse Name and address: Military Calling	e contracted for the improvements:
b) Name and address of fee circula state at	146 SE Pixello Liony Lake City FL 32025 (if other than owner)
c) Interest in property OLDGE	(ii other than owner)
" South Better Hillorination	
b) Telephone No.: 904-(1/0-7/10-	ent bond is attached!
5. Surety Information (if applicable, a copy of the payme	ent band is attached).
a) Name and address:	
a) Name and address: b) Amount of Bond: c) Telephone No.:	
6. Lender	
a) Name and address: b) Phone No.	
7. Person within the State of Fig. 1	
713.13(1)(a)7 Florida Stanutes	er upon whom notices or other documents may be served as provided by Section
a) Name and address: b) Telephone No.:	
b) Telephone No.: ////	
9 In redutation as the same	
 In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes: 	e following person to receive a copy of the Lienor's Notice as provided in
a) Name:	Dr.
b) Telephone No.:	OF
 Expiration date of Notice of Commencement (the expire temperature). 	iration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAD	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
COMMENCEMENT ARE CONSIDERED IMPROP	ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
PLOKIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT ASSETS OF THE	ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, RP PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
NSPECTION. IF YOU INTEND TO DETAIN ENAM	ROED AND POSTED ON THE JOB SITE BEFORE THE FIRST
OMMENCING WORK OR RECORDING YOUR I	NOTICE OF COMMENCEMENT NOTICE OF COMMENT N
TATE OF FLORIDA	COMMENCEACEMENT.
COUNTY OF COLUMBIA 10.	Meg. 1200
	or Or lessee or Owendards
ang. record or Carry	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Millard (gillon
Prin	ted Name and Signatory's Title/Office
ne foregoing instrument was asknowledged before	Florida Nov
to the same was acknowledged before me, i	a Florida Notary, this 2 day of June 2021 by:
Millard Gillen as Own	ority) for
(Name of Person) (Type of Author	onity) (name of party on behalf of whom instrument was everyited)
orronally Known	- David of the state of the sta
ersonally Known OR Produced Identification	Type Drivers License
otany Signature Cung 13 cg	Notary Stamp or Seal: ASHLEY MARIE BOGERT
0	個 (表現 利用力) Notary Public - State of Flor
	Commission J HH 12198)
	My Comm. Expires Apr 26, 2