Inst. Number: 201212011667 Book: 1239 Page: 1251 Date: 8/7/2012 Time: 12:50:02 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

30347 47

	Inst 201212011667 Date 8/7/2012 Time 12:50 PM DC, P DeWitt Cason, Columbia County Page 1 of 1 B:1239 P:1251
NOTICE OF COMMENCEMENT	
Tax Parcel Identification Number 22-45-17-0866	County Clerk's Office Stamp or Seal
THE UNDERSIGNED hereby gives notice that improvements will Florida Statutes, the following information is provided in this NOT!	be made to certain real property, and in accordance with Section 713.13 of the ICE OF COMMENCEMENT.
a) Street (job) Address: 2860 SE (222	Lake City, FC 32025
2. General description of improvements: Periot	
3. Owner Information a) Name and address: Fashicia Cdemor b) Name and address of fee simple titleholder (if other that c) Interest in property	n 2860 SECR252, Lake City, 192 32025
4 Contractor Information	1.6.1.1.1.1.1.01.01
a) Name and address: Caleb Lauchly 10	12 SW Spenar at. Suite 104 late City PL 32024 Fex No. (Opt.)
5. Surety Information	Fax No. (Opt.)
a) Name and address:	
b) Amount of Bond:	Fax No. (Opt.)
6. Lender	Fax No. (Opt.)
a) Name and address:	
b) Phone No.	
 Identity of person within the State of Florida designated by owner Name and address: 	upon whom notices or other documents may be served:
b) Telephone No.:	Fax No. (Opt.)
	eceive a copy of the Lienor's Notice as provided in Section 713.13(l)(b),
Florida Statutes:	
b) Telephone No.:	Fax No. (Opt.)
	Tarito (op.)
Expiration date of Notice of Commencement (the expiration dat is specified):	e is one year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE	OWNER AFTER THE EXPIRATION OF THE NOTICE OF
COMMENCEMENT ARE CONSIDERED IMPROPER PAYM	ENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA
	FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF
	ON THE JOB SITE BEFORE THE FIRST INSPECTION, IF YOU INTEND IN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
YOUR NOTICE OF COMMENCEMENT.	ATTORIET BEFORE COMPLETCING WORK OF RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA	Hatriia D Coleman
	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Print Name D. Coleman
The thregoing instrument was acknowledged before me, a Florida Notar	ry, this 6 day of Charlest , 20 12, by:
L'Atticia Deveman as	OLM A. (type of authority, e.g. officer, trustee, attorney
inct) for	(name of party on behalf of whom listranees was cases of
Personally Known OR Produced Identification Type Notary Signature OF Type	Potary Stamp or Seal: BARBARA SAUNDERS Notary Public, State of Florida Commissione EE 170888 My comm. expires Feb. 25, 2018
 Verification pursuant to Section 92.525, Florida Statutes. Und facts stated in it are true to the best of my knowledge and bel 	der penalties of perjury, I declare that I have read the foregoing and that the

Signature of Natural Person Signing (in line #10 above.)