

**NOTICE OF COMMENCEMENT**  
(PREPARE IN DUPLICATE)

Permit No. \_\_\_\_\_ Tax Folio No. / Parcel No. 12-4S-15-00347-105 (1221)  
State of Florida County of Columbia

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this **NOTICE OF COMMENCEMENT**.

Legal description of property being improved: Roof replacement

LOT 5 LEE-VEL S/D. 815-1843, 841-2177, WD 1040-1278, DC 1442-126,

Address of property being improved: 4209 SW PINEMOUNT RD LAKE CITY, FL 32024

General description of improvements: Roof Replacement

Owner Nicole Cooke

Address 4209 SW PINEMOUNT RD LAKE CITY, FL 32024

Owner's interest in site of the improvement \_\_\_\_\_

Fee Simple Titleholder (if other than owner) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor The Building Butlers

Address 400 Ohio Ave S, #84, Live Oak, FL 32060

Phone No. 352.262.8974 Fax No. \_\_\_\_\_

Name and address of any person making a loan for the construction of the improvements.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of person within the State of Florida, other than himself or herself, designated by owner upon whom notices or other documents may be served:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

In addition to himself or herself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): \_\_\_\_\_

THIS SPACE FOR RECORDERS USE ONLY

OWNER

Signed: nicole Date 11/21/21

Sworn to and subscribed before me this 2nd day of November, 2021.

In the County of Suwannee State of Florida, has personally

appeared Nicole Maria Cooke by himself/herself and affirms

that all statements and declarations herein are true and accurate.

Personally Known ☒

Notary Signature: Robin Rae Williams

Produced Identification ☒

My commission expires: 2/17/2022

FL DLC200-633-91-581-0

