NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

26-55-16-03717-102

Clerk's Office Stamp

Inst: 202512006492 Date: 03/26/2025 Time: 2:50PM Page 1 of 1 B: 1536 P: 1220, James M Swisher Jr, Clerk of Court Columbia, County, By: OA

Deputy Clerk

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.

1. Description of property (legal description): Mobile Home and Barn on 10 Arces
a) Street (Job) Address: 7986 3w 018 Wire Enad Ft White F1 32038 2. General description of improvements: New Shingle Cost
3. Owner Information or Lessee information if the Lessee contracted for the Improvements: a) Name and address: Leah Di Jen and James Bore 2984 SW old Wire Road Ff White Fl b) Name and address of fee simple titleholder (if other than owner) 320 39
4. Contractor Information a) Name and address: b) Telephone No.: 352-383-9386 5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: b) Amount of Bond: c) Telephone No.:
6. Lender a) Name and address:
b) Phone 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 COUNTY OF COLUMBIA 10. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this <u>26</u> day of <u>March</u> 20 35 by: <u>March 20 35</u> by: <u>March 20 35</u> by: (Name of Person) OR Produced identification X Type <u>FLOL P355-557-81-345-0</u>
Notary Signature Notary Stamp or Seal: OLGA M. ARMAS MY COMMISSION # HH 387960 EXPIRES: May 19, 2027