Inst. Number: 202312006922 Book: 1488 Page: 2019 Page 1 of 1 Date: 4/20/2023 Time: 9:31 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida

AFTER RECORDING - RETURN TO:	
Worthmann, LLC.	
17810 NW US HWY 441 High Springs, Florida 3	32643
PERMIT NUMBER:	
NOTICE OF C	COMMENCEMENT
The undersigned hereby gives notice that improvement will be Florida Statutes, the following information is provided in this N	made to certain real property, and in accordance with Chapter 713, Notice of Commencement.
1. DESCRIPTION OF PROPERTY (Legal description of the property	& street address, if available) TAX FOLIO NO.: 10 - 48 - 16 - 0285 3 - 20
SUBDIVISION BLOCK Let 13 BIKA RUSSWOOD EST. Unit: WD 1297-1169	TRACT LOT BLDG UNIT 2 ORB 829-803 854-025,925-2379
2. GENERAL DESCRIPTION OF IMPROVEMENT: remove existing shingle roof	and replace with new shingle roof.
3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LE	
a. Name and address: Jason Nassey 127 Sw	Derek Glen Lake City, FL 32024
b. Interest in property:	<u> </u>
	oove):
4. a. CONTRACTOR'S NAME: Worthmann, LLC	
4. a. CONTRACTOR'S NAME: Worthmann, LEC Contractor's address: 17810 NW US HWY 441. High Spr	rings, Florida 32643 b. Phone number: 352-472-3228
5. SURETY (if applicable, a copy of the payment bond is attached):	
a. Name and address:	
	c. Amount of bond: \$
6. a. LENDER'S NAME;	
	b. Phone number:
	on whom notices or other documents may be served as provided by
a. Name and address:	
b. Phone numbers of designated persons:	
8. a. In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section 7	of
b. Phone number of person or entity designated by Owner:	
Expiration date of notice of commencement (the expiration d specified):	date will be I year from the date of recording unless a different date is
ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO Y RECORDED AND POSTED ON THE IOB SITE BEFORE THE FIRS	
2 2	
(Signatuse of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)	(Print Name and Provide Signatory's Title/Office)
State of Florida	
County of Alachua	•
The foregoing instrument was acknowledged before me by mean	ns of physical presence or online notarization,
his 14 day of April , 2023	
by Jason Massey	, as owner
(name of person)	(type of authority,e.g. officer, trustee, attorney in fact)
or (name of party on behalf of whom instrument was executed	
	/pe of Identification Produced
· · · · · · · · · · · · · · · · · · ·	
AND RELIED AND A COMMINICAL PROCEST I	
EXPIRES: JAN 31, 2027	(Signature of Notary Public)
Hondad farough 1st State Insurance	(Print, Type, or Stamp Commissioned Name of Notary Public)