NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
<u>05-4S-17-07610-215 (28522)</u>	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is proven	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
Description of property (legal description): COMM SW COR OF NORTH FLORIDA PROFESSIONAL PARK S/D, a) Street (job) Address: 1859 SW NEWLAND Way, LAKE CITY	
2. General description of improvements: Re-Roof	
3. Owner Information or Lessee information if the Lesse a) Name and address: SPS OF GAINESVILLE LLC	
b) Name and address of fee simple titleholder	(if other than owner)
A Contractor Information	
a) Name and address: Skyline Roofing Sc	Diutions, LLC 518 SE High Falls RD, Lake City, Fl 32025
b) Telephone No.: 386-984-6281	
5. Surety Information (if applicable, a copy of the payment bond is attached):	
a) Name and address:	
c) Telephone No.:	
6. Lender	
a) Name and address:	
 b) Phone No	
713.13(1)(a)7., Florida Statutes:	
b) Telephone 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:	
*** **	OF
b) Telephone No.:	
 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	
W	illiam Jennings
	nted Name and Signatory's Title/Office
	6 ,
The foregoing instrument was acknowledged before me, a Florida Notary, this day of, by:	
(Name of Person) (Name of Person) (Type of Authority) (Type of Authority) (Name of party on behalf of whom instrument was executed)	
Personally Known OR Produced Identification Type	
Notary Signature	Notary Stamp or Seal: JAMIE M. STAATS Commission # HH 259968 Expires May 2, 2026