Inst. Number: 202512000922 Book: 1531 Page: 964 Page 1 of 1 Date: 1/14/2025 Time: 2:27 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

IOTICE OF COMMENCEMENT	Clerk's Office Stamp
ax Parcel Identification Number:	
0-5\$-16-03550-000 (17424)	
	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): COLUME	BIA CITY: BLOCK 110 & THE S 158.70 FT OF BLOCK 109 W OF SR-47
a) Street (job) Address: 8254 SW STATE R General description of improvements: New metal	OAD 4/LAKE CITY, FL 32024
Owner Information or Lessee information if the Lesse a) Name and address: ARW 11.7. ZION VIIII b) Name and address of fee simple titleholde	ee contracted for the improvements: 11 Methodiot (hurch 8254 9w841 lake City, FL 37074 12 (if other than owner) 1 (vertee
Cttlufammation	
a) Name and address: TMT ROOFING LLC 295 NW	/ Commons LP Ste 115-315 Lake City 32055
b) Telephone No.: <u>3528884676</u> Surety Information (if applicable, a copy of the paym	ment bond is attached):
a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	
. Lender a) Name and address:	
h) Dhana Na	
713.13(1)(a)7 Florida Statutes:	rner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
C 742 42(1)(b) Florida Ctatutaca	the following person to receive a copy of the Lienor's Notice as provided in OF
	xpiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	ADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	$\mathbf{y}(\mathbf{y}(\mathbf{y}))$
STATE OF FLORIDA	Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Managed V. C. L.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of C	Dwner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Managed VOLUME AND ENGLISH Printed Name and Signatory's Title/Office
STATE OF FLORIDA	Dwner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Managed VOLEME AND ENGLISH Printed Name and Signatory's Title/Office me, by means of physical presence or online notarization, a Florida Notar Description of the physical presence of the physi
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of C	Dwner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manage Printed Name and Signatory's Title/Office me, by means of physical presence or online notarization, a Florida Notar Office (Name of Person) (Type of Authority) Who is personally known OR produced identification