Inst. Number: 201412007581 Book: 1274 Page: 2483 Date: 5/20/2014 Time: 10:56:28 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number	nst.201412007581 Date 5/20/2014 Time 10 56 AM DC P DeWitt Cason, Columbia County Page 1 of 1 B 1274 P 2483
THE UNDERSIGNED hereby gives notice that improvement: Florida Statutes, the following information is provided in th	s will be made to certain real property, and in accordance with Section 713.13 of the is NOTICE OF COMMENCEMENT.
1 Description of property (legal description):	
a) Street (job) Address 4725 ALL 2 General description of Improvements Report	Cross the domand
3 Owner Information	Tylor 4725 NW Loke Jeffery 2d.
4 Contractor Information a) Name and address. b) Telephone No 386-438-	amonda 3229 Su Main Blvd 3622 Fax No. (Opt.)
5 Surety Information	.1.
a) Name and address b) Amount of Bond.	
c) Telephone No.	Fax No. (Opt.)
a) Name and address:	~ s
b) Phone No. A A A A A A A A A A A A A A A A A A A	by owner upon whom notices or other documents may be served
a) Name and address: Trovis Lo	amonda 3229 SW main Blvd
b) Telephone No 488-3	6 2 2 Fax No. (Opt.)
713 13(I)(b), Florida Statutes. a) Name and address: ICOV'S LC b) Telephone No 438 - 3C	erson to receive a copy of the Lienor's Notice as provided in Section Remarks - 3-229 SW MG: \(\) 81vd Fax No. (Opt)
9 Expiration date of Notice of Commencement (the expiration is specified).	ation date is one year from the date of recording unless a different date
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COM	NNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMENCEMENT MUST BE RECORDED AND POSTED ON THE 10B SITE BEFORE THE FIRST YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA 1	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Printed Name
The foregoing instrument was acknowledged before me , a Fin	orlda Notary, this 19 day of May 20 14 by
as	(type of authority, e.g. officer, trustee, attorney
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Ty	pe <u>D 350 7/3 38 7040</u>
Notary Signature Raymond & Carpen &	RAYMOND E. CARPENTER III Commission # EE 026788 Expires September 19, 2014 Bonded Thru Troy Fein Insurance 800-385-7019
11 Verification pursuant to Section 92 525, Florida Sta the facts stated in it are true to the best of my known	tutes. Under penalties of perjury, I declare that I have read the foregoing and that
	Signature of Natural Person Signing (in line #10 above)