Inst. Number: 202312008985 Book: 1490 Page: 2220 Page 1 of 1 Date: 5/18/2023 Time: 8:57 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
06-45-17-08094-000(29517)	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13  vided in this NOTICE OF COMMENCEMENT
1. Description of property (legal description): 1. Description of property (legal description): 2. General description of improvements: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 BIX E Chapel HIIIS SID UNIT 1 DC 1403-510
3. Owner Information or Lessee information if the Lessee  a) Name and address: NAME COO  b) Name and address of fee simple titleholder  c) Interest in property  4. Contractor Information  a) Name and address: Name and address: Name and address:  b) Telephone No.: 386-867-596  5. Surety Information (if applicable, a copy of the payment a) Name and address:  b) Amount of Bond:  c) Telephone No.:	e contracted for the improvements:  USE 10 Box 968 LAVE City, FL 32056  (if other than owner)  SOFT NG  EAVE CITY, FL 32055  EAVE CITY, FL 32055
7. Person within the State of Florida designated by Owner 713.13(1)(a)7., Florida Statutes:  a) Name and address:  b) Telephone No.:	
	e following person to receive a copy of the Lienor's Natice as provided in OFOF
	ration date will be 1 year from the 1.
WARNING TO OWNER: ANY PAYMENTS MADI COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOINSPECTION. IF YOU INTEND TO OBTAIN FINAL COMMENCING WORK OR RECORDING YOUR IS STATE OF FLORIDA	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING. CONSULT YOUR LENDER OR AN ATTERNATION.
$\overline{\mathcal{N}}$	er or Lessee, of Owner's Or Lessee's Authorized Office/Director/Partner/Manager  Wanda Y. Cause  ted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a RICHARD J. JOH4504 as NOTAR	20/
(Name of Person) (Type of Authority	for VVA4D4 Y GAUSE  ority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	Туре
Notary Signature Mulayoh	Notary Public State of Florida Richard J. Johnson My Commission GG 907080