44419

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	*
10-4S-16-02853-282 (12477)	
of the Florida Statutes, the following information is prov	nts will be made to certain real property, and in accordance with Section 713.13 ided in this NOTICE OF COMMENCEMENT.
a) Street (job) Address: 123 SVV KEVIII	Glen Lake City, FL 32024
2. General description of improvements: Replacement of Sh	
Owner Information or Lessee information if the Lessee Name and address: Newscrip Family Revocable Trus	t, 123 SW Kevin Glen Lake City, FL 32024
 b) Name and address of fee simple titleholder 	(if other than owner) NA
c) Interest in property Owner 4. Contractor Information	
a) Name and address: Allegiance Roof Sy	SIEMS WARRANGEMENT CONTROL TO STATE OF THE S
b) Telephone No.: (904) 449 2416	
5. Surety Information (if applicable, a copy of the payme	nt bond is attached):
c) Telephone No.: NA	
6. Lender a) Name and address: NA	
b) Phone No. No.	
7. Person within the State of Florida designated by Owne	er upon whom notices or other documents may be served as provided by Section
713 13(1)(a)7 Florida Statutes:	
a) Name and address:	
b) Telephone No.:	Address of the Control of the Contro
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8. In addition to himself or herself, Owner designates the	following person to receive a copy of the Llenor's Notice as provided in
Section 713.13(I)(b), FlorIda Statutes:	
a) Name:	OF
b) Telephone No.:	
	ration date will be 1 year from the date of recording unless a different date
Expiration date of Notice of Commencement (the expirite is specified):	ration date will be a year from the date of recording differs a different date
WARNING TO OWNER: ANY PAYMENTS MAD	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
COMMENCEMENT ARE CONSIDERED IMPROP	ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,
FLORIDA STATUTES, AND CAN RESULT IN YOU	IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
NOTICE OF COMMENCEMENT MUST BE RECO	RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
INSPECTION. IF YOU INTEND TO OBTAIN FINA	NCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
COMMENCING WORK OR RECORDING YOUR	
STATE OF FLORIDA	Man Throne
COUNTY OF COLUMBIA	16th poone
Signature of Own	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	11- 1 Alox 2000
4	Mark Newsome
Prir	ited Name and Signatory's Title/Office
	a Florida Notary, this 29th day of April 2022 by:
The foregoing instrument was acknowledged before me,	a Florida Notary, this 200 day of Myor 200 by.
Male Manne	for Allevince Roof Sylvans
(Name of Person) (Type of Auth	ority) for Allesiance Roaf Suldens (name of party on behalf of whom Instrument was executed)
(Name of Person)	City) (name or party an admin or thrown movement that a street and
Personally Known OR Produced Identification	Type Drives License
Ciscinsty Kilowii	
/// N	CHRIC DIEDOS
Notary Signature	CHRIC DIEDOS
Notary Signature	CHRIS PIERCE