Inst. Number: 202112020452 Book: 1449 Page: 1225 Page 1 of 1 Date: 10/7/2021 Time: 2:10 PM 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:	
10-4\$-02853-309 (12488)	
of the Florida Statutes, the following information is pro	
1. Description of property (legal description): LOT 9 Rt a) Street (job) Address: 153 SW BETH	JSSWOOD ESTATES UNIT 3 WD 987-2340, WD 987-2342, WD 1085-2232.  HANY PI, LAKE CITY
2. General description of improvements: RE-ROOF	
3. Owner Information or Lessee information if the Lesse a) Name and address: MICHAEL EUGENE & LINNAL	ee contracted for the improvements: NEIDA MAE LINNANÉ PO BOX 1985 LAKE CITY, FL 32056
	r (if other than owner)
c) Interest in property 4. Contractor Information	
a) Name and address: RICHARD DORMA b) Telephone No.: 352-581-7333	AN 6650 \$ PINE AVE OCALA FL 34480
5. Surety Information (if applicable, a copy of the paym	
a) Name and address:	
c) Telephone No.:	
6. Lender	
6.5 mt 91	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13())(b), Florida Statutes:	he following person to receive a copy of the Lienor's Notice as provided in
a) Name: b) Telephone No.:	OF
b) Telephone No.:	<del></del>
Expiration date of Notice of Commencement (the exis specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE REC	DE 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 LANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	me f.
COUNTY OF COLUMBIA 10. Signature of Ov	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	81
	Ameowner
r	rrinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	te, a Florida Notary, this day of <u>OCTODEY</u> 20_ <u>Q</u> by:  OWNOY for  Uthority) (name of party on behalf of whom instrument was executed)
whichas I manne homes	
(Name of Person) (Type of A)	uthority) tor
Personally Known OR Produced Identification	,
J. 71	4 /
Notary Signature Tri Ma	Notary Stamp or Seal: TAMZEN SIERRA CHITTUM
0	Commission # HH 985154 Expires January 28, 2025 Bonded Thru Troy Fain Insurance 800-385-7019