

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 31-35-17-05948-000

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): Baye Pharmacy West
a) Street (job) Address: 1465 US 90 W
2. General description of improvements: Install new pole sign
3. Owner Information
a) Name and address: LCPP LLC, PO Box 357742 Gainesville, FL 32635
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4. Contractor Information
a) Name and address: Signcraft & More, Inc. 1554 E Duval St. Lake City, FL 32055
b) Telephone No.: 386-755-4754 Fax No. (Opt.)
5. Surety Information
a) Name and address:
b) Amount of Bond:
c) Telephone No.: Fax No. (Opt.)
6. Lender
a) Name and address:
b) Phone No.
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address:
b) Telephone No.: Fax No. (Opt.)
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:
a) Name and address:
b) Telephone No.: Fax No. (Opt.)
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified):

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

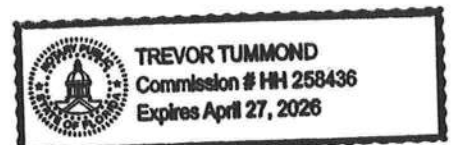
STATE OF FLORIDA
COUNTY OF COLUMBIA

10 Pamela Wilkinson
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Pamela Wilkinson
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 24 day of May, 2022, by:
Pamela Wilkinson as Agent (type of authority, e.g. officer, trustee, attorney
fact) for LCPP LLC (name of party on behalf of whom instrument was executed).

Personally Known ☐ OR Produced Identification ☒ Type VALID FL ID

Notary Signature [Signature] Notary Stamp or Seal:



11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

[Signature]
Signature of Natural Person Signing (in line #10 above.)