Inst. Number: 202312005565 Book: 1487 Page: 1548 Page 1 of 1 Date: 4/4/2023 Time: 8:58 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:	
11-4S-16-02905-414 (12899)	
of the Florida Statutes, the following information is pro-	
a) Street (job) Address: 406 SW STORY P	
2. General description of improvements: Shinige Re	-Roof
	e contracted for the improvements: IAEL J ANDERSON JEANNE M 406 SW STORY PL LAKE CITY, FL 32024 (if other than owner)
c) Interest in property	
4. Contractor Information	95 NW Commons Lp Ste 115-315 Lake City, FL 32055
b) Telephone No.: 352-888-4676	95 NVV Commons Lp Ste 115-315 Lake City, PL 32005
5. Surety Information (if applicable, a copy of the payme	ent bond is attached):
a) Name and address:	
b) Amount of Band:	
c) Telephone No.:	
b) Phone No	
713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
v) Telephone No.:	
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expirits specified):	iration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO INSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, JR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A PROPERTY OF THE JOB SITE BEFORE THE FIRST NCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	Michael Il hu derson
COUNTY OF COLUMBIA 10 Signature of Own	eer or Lessee, or Owher's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Own	
Prir	Michael J. Anderson Owner nted Name and Signatory's Title/Office
	a Florida Notary, this <u>C3</u> day of <u>April</u> , 20 <u>23</u> by:
Muchael Anderson as Self (Name of Person) (Type of) Auth	for <u>Wichael Anderson</u> ority) (name of party on behalf of whom instrument was executed)
Personally Known V OR Produced Identification	Type
Notary Signature	Notary Stamp or Seal: KATIE MURPHY JAMES MY COMMISSION # HH 062843

Bonded Thru Notary Public Underwriters