IOTICE OF COMMENCEMENT	Clerk's Office Stamp
ax Parcel Identification Number:	
15-4S-16-03023-254 (13844)	
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.	
Description of property (legal description): LOT 64 CA a) Street (Job) Address: 270 SW CALLAWAY D	LLAWAY SID PHASE 2: WB 1022-2821, CWD 1026-1897,WD 1070-476, WD 1137-1143
2. General description of improvements: Rerool	W. Chronia
	e contracted for the Improvements: n
Name and address: Jenney Friompson Name and address of fee simple titleholder	n 270 SW CALLAWAY DR, LAKE CITY (If other than owner)
c) Interest in propertyHomeowner	
4. Contractor Information a) Name and address: Florida Premier Roofing	10245 E Cotonial Dr.Orlando FI 32817
h) Telephone No. 407-965-3530	
5. Surety Information (if applicable, a copy of the paym a) Name and address:	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	
a) Name and address:	
b) Phone No.	ner upon whom notices or other documents may be served as provided by Section
742 42(1)(4)7 Florida Statutes:	
a) Name and address: b) Telephone No.:	
• • •	
B. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in	
Section 713.13(I)(b), Florida Statutes:	OF
b) Telephone No.:	
•	epiration date will be 1 year from the date of recording unless a different date
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	Wher or Vester, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of O	wher or Jasan, or Owner's or Lessee's Authorized Office Director/Partner/Manager
	Jeffrey Thompson
Printed Name and Signatory's Title/Office	
, The foregoing instrument was acknowledged before n	ne, by means of physical presence or online notarization, a Florida Notary.
Lue to a found and a constant was a remove a dead of the following and a second and	10, 11) Indiana in Landing in the state of Landing in the state of the
this	(Name of Parson) (Type of Authority)
•	
for	who is personally known OR produced identification secured
Typo ID	
X/-// \>	and the state of t
Notary Stamp or Seal)	
, -	KEVIN WANG Commission # HH 363899 Expires February 16, 2027