Inst. Number: 202412003882 Book: 1508 Page: 2678 Page 1 of 1 Date: 2/26/2024 Time: 12:50 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:	
19-45-16-03062-108(14296	
of the Florida Statutes, the following information is pro	
1. Description of property (legal description): 9-4	-16-03062-108 Sun Park Est. Lot 8 Salem Rd. Lake City 32024
2. General description of improvements: \(\text{\$\sigma} \) \(\text{\$\sigma} \)	Troof-over
h) Name and address of fee simple titleholde	se contracted for the improvements: \$00015 720 Charles Rd. Mansfield DH r (if other than owner) 44903
a) Interest in property (IWI) (C	
4. Contractor Information a) Name and address: Michola 5	Carlucc: 268 SE Press Ruth Dr. Lake City 32025
b) Telephone No.: Surety Information (if applicable, a copy of the paym	8865 33005/
a) Name and address: ///	
b) Amount of Bond:	
6 lander	
a) Name and address: // A	
7. Person within the State of Florida designated by Own	ner 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.:	
8 In addition to himself or herself. Owner designates the	ne following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(I), Florida Statutes:	
a) Name: b) Telephone No.:	OF
•	
is specified):	
WARNING TO OWNER: ANY PAYMENTS MAI	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
COMMENCEMENT ARE CONSIDERED IMPROI ELORIDA STATUTES, AND CAN RESULT IN YO	PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A
NOTICE OF COMMENCEMENT MUST BE RECO	ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
INSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	INCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
C	onny J Spoon S JR nted Name and Signatory's Title/Office
Pri	nted Name and Signatory's Title/Office
	and The all
The foregoing instrument was acknowledged before me,	a Florida Notary, this 22 nd day of February 2024 by:
(Name of Person) Spoons as OWN (Type of Auth	for
(Name of Person) (Type of Auth	(name of party on behalf of whom instrument was executed)
Personally KnownOR Produced Identification	Type License
0.100	1.
Notary Signature Wand J. Cal	DANIEL J. CARLUCCI MY COMMISSION #HH024545 EXPIRES: JUL 28, 2024