Inst. Number: 202512001840 Book: 1532 Page: 484 Page 1 of 1 Date: 1/30/2025 Time: 10:00 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:	
01-45-15-00311-001	
of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 01-4 a) Street (job) Address: 2/22 5W 2. General description of improvements: MC+4	15-15-00311-001 Mayo Ad. Lake City, FL 32024 roof-over
3. Owner Information or Lessee information if the Lesse a) Name and address: \(\sum \ampli \ampli \sum \ampli \sum \ampli \ampl	e contracted for the improvements: y 2/22 5W Mayo Kd. Lake City, FC 32024 (if other than owner)
4. Contractor Information a) Name and address: Nicholas Car b) Telephone No.: 386-205-386	lucci 268 SE Press Ruth Dr. Lake City, FL 32025
Surety Information (if applicable, accopy of the payme Name and address: Amount of Bond:	ent bond is attached):
c) Telephone No.: 6. Lender a) Name and address: NA b) Phone No.	
7. Person within the State of Florida designated by Own	er upon whom notices or other documents may be served as provided by Section .
Section 713,13/1/(b), Florida Statutes: a) Name: ////	e following person to receive a copy of the Lienor's Notice as provided inOF
b) Telephone'No.: 9. Expiration date of Notice of Commencement (the exp is 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	BE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, DISTRIBUTION OF THE FOR IMPROVEMENTS TO YOUR PROPERTY; A PROBED AND POSTED ON THE JOB SITE BEFORE THE FIRST INCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Prin	ANS M. D.S. 5 E-Y nted Name and Signatory's Title/Office
	a Florida Notary, this 28th day of January 2025 by:
James Vaisey as Owne (Name of Person) (Type of Auth	for
Personally KnownOR Produced Identification	Type License
Notary Signature Amad Communication of the Communic	DANIEL J. CARLUCCI MY COMMISSION #HH572186