Inst. Number: 202412009665 Book: 1514 Page: 368 Page 1 of 1 Date: 5/9/2024 Time: 8:05 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	
MOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
14-45-17-08354-114	
THE UNDERSIGNED hereby gives notice that improvem of the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 164149	1, Shingle, Sugle form
2. General description of improvements: reroot	Shear C. Subsktorn WO 1137-01
Wher information or Lessee information if the Lesse Name and address: (V. A.	e contracted for the improvements: N. 31575N. 784hLv. Peors, Az. 85362 (if other than owner)
4. Contractor Information	
	EngToc DBA Gul Rast Wetalkoly PO. Box 367 New brown, FT. 3268
5. Surety Information (if applicable, a copy of the payme a) Name and address:	ent bond is attached):
	an some o attached):
c) Telephone No.:	
of Phone No.	1
 Person within the State of Florida designated by Owns 713.13(1)(a)7., Florida Statutes: 	er upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
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.:	
	iration data will be I was from the date of second
WARNING TO OWNER: ANY PAYMENTS MADE COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RODED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING. CONSULT YOUR LENDER OR AN ATTORNEY PEFORE
STATE OF FLORIDA	Deino
COUNTY OF COLUMBIA	Ma
i Signature of Own	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Mary Ann Ulman
Pr	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me,	
nath	
this do day of April 20 24	by: Mary Ann Ulman as Owner/ signer
for Self!	(Name of Person) (Type of Authority) who is personally known OR produced identification
(name of party on behalf of whom instrument was ex-	ecuted)
JAN KI	Type 10 A2 0LT15 909845 EX P 8 22 27
Notary Signature 108 10 1 () () ()	(Notary Start) O. Acad
27 1	LISA K LUNDE Notary Public - Arizona Maricopa County Commission # 603473