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	NOTICE OF COMMENCEMENT
	NOTICE OF COMMENCEMENT . Clerk's Office Stamp
•	Tax Parcel Identification Number:
	03-45-17-67592-113(78288)
	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.
	1. Description of property (legal description): (UT 13 BLOCK A FASTSIDE UNLIABE UNITY . 749 -1435, DC 1557-416, WD 1357-447
	a) Street (job) Address: 11 St. Rosewood Cit, LAKE City, Kt. 3265C. 2. General description of improvements: W57ALL 510 IN 6
	3. Owner Information
	a) Name and address: ARRY WILLIAMS (71 SE ROSEWOOD CIK, LAKE CITY, YL 32856 b) Name and address of fee simple titleholder (if other than owner)
•	c) Interest in property OWNEK 4. Contractor Information
	a) Name and address: (7160 AND 150 3815 NW 1 Stc 62, Cocon, #1 32974 b) Telephone No.: (371) 639 - 28 62 Fax No. (Opt.)
	5. Surety Information a) Name and address: NA
	b) Amount of Bond:
	6. Lender a) Name and address: NA A
	 b) Phone No
•	a) Name and address: NCA b) Telephone No.:Fax No. (Opt.)
	8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section
	713.13(I)(b), Fiorida Statutes: a) Name and address: D(A b) Telephone No.:Fax No. (Opt.)
	9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified):
	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 FLORIGA COUNTY OF COLUMBIA
	Signature of Owner's Authorized Office/Director/Partner/Manager
	Printed Name
•	The foregoing instrument was acknowledged before me , a Fiorida Notary, this 200 day of <u>AC70 BER</u> , 20 24 , by:
	LACRY WILLIAMS as OWNER (type of authority, e.g. officer, trustee, attorney
	fact) for SELF (name of party on behalf of whom instrument was executed).
	Personally Known OR Produced Identification X_ TypeF L \[\text{T} \] SALENA HIRSCHMAN
	Notary Signature Notary Public - State of Florida Commission # HH 538921
	My Comm. Expires Jun 13, 2028 Bonded through National Notary Assn. 11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that the control of the formula and the control of the control
	the facts stated in it are true to the best of my knowledge and belief.

Inst. Number: 202412021083 Book: 1524 Page: 1848 Page 1 of 1 Date: 10/2/2024 Time: 3:05 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida