Clerk's Office Stamp

Tax Parcel Identification Number: 11-65-16-03815-206 (46256)	Inst: 202412011836 Date: 06/07/2024 Time: 2:35PM Page 1 of 1 B: 1516 P: 645, James M Swisher Jr, Clerk of Court Columbia, County, By: OA Deputy Clerk
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-	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):  a) Street (job) Address:	and work slop Imetal Kerh
2. General description of improvements: Store. 54	and work slop Imegal back
3. Owner Information or Lessee information if the Lesse  a) Name and address: Shewn McHenf  b) Name and address of fee simple titleholder  c) Interest in property	y-6440 Sh oldwire od Fort white fl 32038
b) Telephone No.: (386) 766-52	lings (20 w Howard St #90 w, Lineack, FL 32069
5. Surety information (if applicable, a copy of the payme	
b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
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
713.13(1)(a)7., Florida Statutes:	
a) Name and address: b) Telephone No.:	
$\circ$	
<ol> <li>In addition to himself or herself, Owner designates th Section 713.13(I)(b), Florida Statutes:</li> </ol>	e following person to receive a copy of the Lienor's Notice as provided in
	OF
b) Telephone No.:	,,
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 IMPROF FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
COUNTY OF COLUMBIA -10.	2/10/1
Signatueeef Own	ner or Lessee, or Owner or Lessee's Authorized Office/Director/Partner/Manager
	hown MCHENY
. Pri	nted Name and Signatory's Title/Office
l .	
The foregoing Instrument was acknowledged before me,	a Florida Notary, this
Shawn mohenry of Seif	for NA
(Name of Person) (Type of Auti	
Personally KnownOR Produced Identification	Type fc DC
Pa 11 1 1	/
Notary Signature Musik Watt	Notary Stamp or Seat EMALEIGH WARD
	MY COMMISSION # HH 525762

NOTICE OF COMMENCEMENT