Inst. Number: 202112015184 Book: 1443 Page: 1983 Page 1 of 1 Date: 7/30/2021 Time: 8:24 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	Clark's Office Stamp
Tax Parcel Identification Number:	
09-48-16-02824-001	
afthe Clarida Statutes, the following information is arm	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
Description of property (legal description): 5 1/2     a) Street (job) Address: 209 SW Swell     General description of improvements: YC-YOG	of SEI14 Of Sin of NE 1/4 (timberlane) and 1070-
3. Owner Information or Lessee Information if the Lesse  a) Name and address: TIMPLY LONG  b) Name and address of fee simple titleholder  c) Interest in property OWYLLY  4. Contractor Information	
b) Telephone No.: 984 873 0124  5. Surety Information (If applicable, a copy of the payma) Name and address: 1014  b) Amount of Bond:	ent bond is attached):
c) Telephone No.:  6. Lender  a) Name and address: N/A  b) Phone No.	
7. Person within the State of Florida designated by Owi 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes: a) Name: N/W	ne following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:     Expiration date of Notice of Commencement (the expiration date of Notice of Commencement)	piration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAN COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRDED AND POSTED ON THE IOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IN NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Ow	Policy Annual Office/Director/Partner/Manager
	Peber Ja Payna rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me Lebecca Danne as INNE	e, a Florida Notary, this 15 day of 14 4 20 21 by:  for proper + 1  thority) (name of party on behalf of whom instrument was executed)
(Name of Person) (Type of Au Personally Known OR Produced Identification	
Notary Signature Kayli Caffey	Notary Stamp or Seal:  Notary Public State of Florida  Kayli Coffey  My Commission HN 017117  Expres 07/01/2024