Inst. Number: 201412003505 Book: 1270 Page: 2699 Date: 3/12/2014 Time: 1:51:28 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	nst 201412003505 Date 3/12/2014 Time 1.51 PM DC,P DeWitt Cason Columbia County Page 1 of 1 B 1270 P 2699
34-35-17-07592-152	
THE UNDERSIGNED hereby gives notice that improvements Florida Statutes, the following information is provided in the	s will be made to certain real property, and in accordance with Section 713 13 of the ils NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 34 a) Street (lob) Address: 198 5E	Sable LANE TALL CELIATE 32025
2. General description of improvements:	of melas
a) Name and address: Littleev b) Name and address of fee simple titleholder (if c) Interest in property	
4. Contractor Information a) Name and address: Dev Read	Construction 2030 SE Baya Dr 7+101 7.2 Fax No. (Opt.) 3820-755.7272
5 Surety Information a) Name and address:	
b) Amount of Bond: c) Telephone No.:	Fax No (Opt.)
6. Lender a) Name and address	
b) Phone No	by owner upon whom notices or other documents may be served:
a) Name and address. b) Telephone No	by owner upon whom notices or other documents may be served:
b) Telephone No '	Fax No. (Opt)
713.13/IVb). Florida Statutos	Fax No. (Opt.)
9. Expiration date of Notice of Sommencement (the expiration is specified):	tion date is one year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OW IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMM	NER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED ION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST SULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Kathleen C Kersey Printed Name
The foregoing instrument was acknowledged before me , a Flori	ida Notary, this//_ day of
fact) for Kathleen Cas Kl	(type of authority, e.g. officer, trustee, attorney A Self (name of party on behalf of whom instrument was executed).
Personally KnownOR Produced Identification	BEVERLY REED
Notary Signature Severly Xe	Notary Stamp or Seal· Notary Public - State of Florida My Germ. Expires Apr 24, 2015 Commission # EE 87179
11. Verification pursuant to Section-92.525, Florida Statu the facts stated in it are true to the best of my knowl	rtes. Under penalties of perjury, I declare that I have read the foregoing and that edge and belief.
	Signature of Natural Person Signing (In line #10 above.)