Inst. Number: 202312017828 Book: 1499 Page: 899 Page 1 of 1 Date: 9/22/2023 Time: 12:14 PM 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	Clerk's Office Stamp
Tax Parcel Identification Number:	
16-75-17-10006-205	
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.
Description of property (legal description): LOT 5 RIVE a) Street (job) Address: 395 SW MARYNIK DR, HIG	ER RISE S/D UNIT 1. WD 1077-659, CT 1194-231, WD 1308-260, WD 1421-1382, LE 1468-1650
General description of improvements: Install Stand By	
3. Owner Information or Lessee information if the Lesse a) Name and address: FLOYD ALBERT F 345	SW Marynik De, High springs FC 32643
 b) Name and address of fee simple titleholder c) Interest in property Single Family Residential 	r (if other than owner).
4. Contractor Information a) Name and address: Blackwell Electric LLC (Joseph b) Telephone No.: 352-472-6104	h B Blackwell) 1901 NW 202 ST Nowborry FL 32669
Surety Information (if applicable, a copy of the payma) Name and address: N/A	
b) Amount of Bond: c) Telephone No.:	
6. Lender a) Name and address: N/A b) Phone No.	
7. Person within the State of Florida designated by Owr 713.13(1)(a)7., Florida Statutes: a) Name and address: b) Telephone No.: (352) 339~057	ner upon whom notices or other documents may be served as provided by Section Lewis 395 SW MARYNIK DR HIGH SPRINGS, FL 320 Lewis 12 High SPRINGS, FL 320 The following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expire is specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, PART II, SECTIO
STATE OF FLORIDA COUNTY OF COLUMBIA 10 Signature of Ov	yner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
-	Sheree Lewis, Office Manager Printed Name and Signatory's Title/Office
	e, by means of physical presence or online notarization, a Florida Notary,
this 14th day of September, 200	by: Sharee Lewis as Office Manager (Name of Person) (Type of Authority)
for Libert Floyd (name of party on behalf of whom instrument was	who is personally known X OR produced identification
Notary Signature Continue of the Signature	Type ID CYNTHIA LOUIS NOTARY PUBLIC - STATE OF FLORIDA COMMISSION # HH 356112 My Commission Explice FFR 9 2027