NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
27-3S-16-02311-003	
of the Florida Statutes, the following information is provi	
1. Description of property (legal description): LOT 3 a) Street (job) Address: 835 NW Fo	FAIRWAY VIEW UNIT 1-A. ORB 773-145 SILWY DE LOKE (ILY, FC. 32055 eplacement
2. General description of improvements: Door Re	eplacement
3. Owner Information or Lessee information if the Lessee a) Name and address; TIEFLEPA Hでする。 b) Name and address of fee simple titleholder (c) Interest in property 100%	contracted for the improvements, SAA If other than owner) N/A
d Contractor Information	
Name and address: Pete Cafaro PO E Telephone No.: 407-393-9161	3ox 781993 Orlando FI 32878
Surety Information (if applicable, a copy of the payment	
a) Name and address: NA	
b) Amount of Bond:	
6. Lender	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS
a) Name and address: NA b) Phone No.	
	r upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	a aport which induces or other documents may be served as provided by settion
a) Name and address: NA	
	T. T. S.
Section 713.13(I)(b), Florida Statutes:	following person to receive a copy of the Lienar's Notice as provided in OF
b) Telephone No.:	
ay ita pagaic itua	
Expiration date of Notice of Commencement (the expirits specified): _2/31/2021	ration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROPI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOI INSPECTION. IF YOU INTEND TO OBTAIN FINAL COMMENCING WORK OR RECORDING YOUR N	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ROED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10 X Signature of Owner	er or Lessee, or Owher's or Lessee's Authorized Office/Director/Pertner/Manager
√.	con a Cilic -
Project	ted Name and Signatory's The Office
Prin	ted Name and Signatory's THE/Office
	a Florida Notary, this <u>87</u> day of <u>Aug</u> , 20 <u>20</u> by:
(Name of Person) (Type of Author	ority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification 1	Type P362-819-62-625-0 Exp. 05/15/26
Physically Present V Online	The state of the state of
Volary Signature	Notacy Stamper Soul
	Notary Stamp or Seal: RICHARD G. KAHLICH
	MY COMMISSION Y SECTION OF THE SECTI