NOTICE OF COMMENCEMENT:	Clerk's Office Stamp
ax Parcel Identification Number:	Inst: 202212006137 Date: 03/30/2022 Time: 3:48PM Page 1 of 1 B: 1463 P: 101, James M Swisher Jr, Clerk of Court Columbia, County, By: VC Deputy Clerk
HE UNDERSIGNED hereby gives notice that improvement if the Florida Statutes, the following information is provi	nts will be made to certain real property, and in accordance with Section 713.13 ded in this NOTICE OF COMMENCEMENT.
Description of property (legal description): a) Street (job) Address:	ound thouse of Fentule FC 32038
 b) Name and address of fee simple titleholder (142 EM 19450 Newad Howe CT hat while A sole if other than owner)
c) Interest in property OUNCE. Contractor Information a) Name and address: Rund I Formation b) Telephone No.: 904-333-318	este 194 SW Round their continte A
a) Name and address: b) Amount of Bond:	
c) Telephone No.: Lender a) Name and address: NONE	- ; ;
b) Phone No.	r upon whom notices or other documents may be served as provided by Section
a) Name and address: b) Telephone No.:	
Section 713.13(I)(b). Florida Statutes:	following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.: 904-333-318	or
	ation date will be 1 year from the date of recording unless a different date
OMMIENCEMENT ARE CONSIDERED IMPROPE LORIDA STATUTES, AND CAN RESULT IN YOU OTICE OF COMMENCEMENT MUST BE RECOR	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ICING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IOTICE OF COMMENCEMENT.
TATE OF FLORIDA DUNTY OF COLUMBIA Signature of Owner	Marian Manager or Lessee's Authorized Office/Director/Partner/Manage
	ted Name and Signatory's Title/Office
127	and individual a trial of the

STATE OF FLORIDA
COUNTY OF COLUMBIA

10.
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 30 day of March 20 22 by:

(Name of Person)

(Type of Authority)

Personally Known OR Produced Identification

Type

CONNIE S. BRECHEEN
Commission # GG 190419
Expires June 1, 2022
Bonded Thru Troy Fein Insurance 800-385-7019