Inst. Number: 202312007093 Book: 1488 Page: 2445 Page 1 of 1 Date: 4/24/2023 Time: 9:20 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	Clerk's Office Stamp
Tax Parcel Identification Number:	
VI.45.77.0835U.107	
F149.11.08274.1.CC	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is proven	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): a) Street (lob) Address: 28775E	·45·17·08354·122
a) Street (job) Address: 28" 17 SE	CR 245 Lake CITU TE 37025
2. General description of improvements: 501	
 b) Name and address of fee simple titleholder 	e contracted for the improvements: 1001 2877 550 2 245 LOICE CITU (if other than owner)
c) Interest in property 6 (1) (1) (4) Contractor Information	
a) Name and address: Paul McDaniel	2230 SE Baya Dr. LAke City, FL 32025
b) Telephone No.: 386-752-4072	
5. Surety Information (if applicable, a copy of the payme a) Name and address: b) Amount of Rond:	ent bond is attached):
c) Telephone No.:	
6. Lender a) Name and address:	
b) Phone No.	
 Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes: 	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
 In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes; 	ne following person to receive a copy of the Lienor's Notice as provided in
	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the expiration): 90-Days	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 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 JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE INOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10	KBOUTPLEUT
Signature of Ow	ner or Lessee, or Owner's or tessee's Authorized Office/Director/Partner/Manager
	hun bontright
	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, a Florida Notary, this 2 day of VOYI 2023, by:
(Name of Person) as Owner (Type of Aut	thority) for
Personally Known OR Produced Identification	Туре
Notary Signature	Notary Stamp or Seal: Notary Public State of Flor