Inst. Number: 202312010618 Book: 1492 Page: 624 Page 1 of 1 Date: 6/8/2023 Time: 8:46 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:	
<u>24-4S-16-03114-109 (15088)</u>	
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): LOT 9 CANNON CREEK PLACE S/D, WD 1056-2031, QC 1128-1814 WD 1151-1129, WD 1225-1572  a) Street (job) Address: 243 SW GERALD CONNER DR, LAKE CITY	
2. General description of improvements:	
3. Owner Information or Lessee information if the Lesse a) Name and address: HODGE CAROLE SHIRLEY WO	ODHAM ADAM 243 SW GERALD CONNER DR LAKE CITY, FL 32024
<ul><li>b) Name and address of fee simple titleholder</li><li>c) Interest in property</li></ul>	(if other than owner)
Contractor Information     Name and address: Richard Dorman/ R	
5. Surety Information (if applicable, a copy of the payme	ent bond is attached):
a) Name and address:	· · · · <b>,</b>
c) Telephone No.:	
6. Lender	
b) Phone No.	
713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
a) Name and address:b) Telephone No.:	
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):	
WARNING TO OWNER: ANY PAYMENTS MAD COMMENCEMENT ARE CONSIDERED IMPROFFLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, JR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A PROBED AND POSTED ON THE JOB SITE BEFORE THE FIRST INCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager  Largle S Hodge  nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me,  (Name of Person)  OR Produced Identification  Notary Signature	for
	TAMZEN SIERRA CHITTUM Commission # HH 085154 Expires January 26, 2025 Bonded Thru Troy Fain Insurance 800-385-7019