Inst. Number: 201412002583 Book: 1270 Page: 334 Date: 2/25/2014 Time: 2:25:36 PM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number	inst:201412002583 Date:2/25/2014 Time 2:25 PM DC,P DeWitt Cason,Columbia County Page 1 of 1 B.1270 P:334
THE UNDERSIGNED hereby gives notice that improvements Florida Statutes, the following information is provided in the	will be made to certain real property, and in accordance with Section 713.13 of the is NOTICE OF COMMENCEMENT.
1 Description of property (legal description) Lot 32 a) Street (Job) Address: 191 SE Che 2 General description of improvements 10 Cha	Woodhaven S/D Unit 2. ORB 429-119, 764-1484 yenne Ct., Lake Gify, FL 32025 11 WD1026-226 TOOF OVER 9 WD1203-250
	cher than owner)
4 Contractor Information a) Name and address: RCRA Johns b) Telephone No. 386-755-23	son Roofing, 8499 NWLL Jefferyrd., Lake City, FC 32055
5 Surety Information a) Name and address b) Amount of Bond	
c) Telephone No .	Fax No. (Opt.)
a) Name and address.	
7 Identity of person within the State of Florida designated	by owner upon whom notices or other documents may be served.
a) Name and address: b) Telephone No.:	Fax No. (Opt.)
	ction date is one year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWN IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECT IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMI	VNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST SULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA 10	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Rosemarie Lones Printed Name
The foregoing instrument was acknowledged before me , a Flo	rida Notary, this 17th day of December, 2013 by
Rosemarie Lones as o	<u>いれもと</u> (type of authority, e.g. officer, trustee, attorney
fact) for Rosemanie one	(name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification Type	Notary Public
Notary Signature Dovers Delde	Notary Stamp or Seal My Commission Expires 03/14/2015 Commission No. EE65967
11 Verification pursuant to Section 92.525, Florida Stat the facts stated in it are true to the best of my know	utes Under penalties of perjury, I declare that I have read the foregoing and that
	ROSLMQuie Roves Signature of Natural Person Signing (in line #10 above)