66926

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 202412019575 Date: 09/10/2024 Time: 1:35PM
Page 1 of 1 B: 1523 P: 572, James M Swisher Jr, Clerk of Court
Columbia, County, By: AH
Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13
of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 10451602845000
a) Street (job) Address: (01) SW 1 KOV ST LATE STORY
3. Owner Information or Lessee information if the Lessee contracted for the improvements: a) Name and address: UMIA TILTON (a) TOW TROY ST Lake City FLA 32024
b) Name and address of fee simple titleholder (if other than owner)
4. Contractor Information a) Name and address: Powell + Sons Rooming Inc Pio. Box 1422 MAYO, FC 32066
a) Name and address: 1000114-3015 1004-1104-110-1004-1004-110-1004-100
5. Surety Information (if applicable, a copy of the payment bond is attached):
5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address:
b) Amount of Bond:
6. Lender
a) Name and address:
b) Phone No
a) Name and address: NONE b) Telephone No.:
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in
Comion 713 13/11/h) Florida Statutes:
a) Name:OF
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 MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
COMMENCEMENT ARE CONCIDERED IMPROPER PAYMENTS UNDER CHAPTER 713; PART I, SECTION 713.13,
FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST
INSPECTION, IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTOKNEY BEFORE
COMMENCING WORK OR RECORDING YOUR NATICE OF COMMENCEMENT.
STATE OF FLORIDA
COLLINITY OF COLLINARIA
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Train Tille Manager
Sulla O. 11 Hon, out har
Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, by means ofphysical presence or online notarization, a Florida Notary,
The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, a Florida Notary,
this 4th day of September 2024 by: Julia J. 11toN as Home Owner
(Name of Person) (Type of Authority)
for who is personally known OR produced identification
(name of party on behalf of whom instrument was executed) Type ID
LUSCHANYAD, HALLMAN

Updated 12/2023