Inst. Number: 202412027021 Book: 1529 Page: 2092	Page 1 of 1 Date: 12/19/2024 Time: 9:12 AM
James M Swicher Jr Clerk of Courts, Columbia County	Florida

NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
Tax Parcel Identification Number:		
29-5S-16-03737-114		
29-33-10-03/3/-114		
of the Florida Statutes, the following information is pro-		
1. Description of property (legal description): LOT 14 TURKEY.	HAVEN S/D UNREC MORE PARTICULARLY DESC: COMM NE COR OF SW1/4, RUN S 2004/26 FT, W 1305/72 FT FOR POB, CONT W 652-86 FT, S 669-42 FT,	
a) Street (job) Address: 292 SW POWELL GL 2. General description of improvements: RES REF	N. FORT WHITE, FL 32038 ROOF, 6/12, 535Q, SHINGLE, 2-PLY SYNTHETIC UNDERLAYMEN	
3. Owner Information or Lessee information if the Lesse		
a) Name and address: <u>CAINES AARON A / C</u>	AINES DEVIN N r (if other than owner)	
c) Interest in property OWNERS	The other trian owner,	
4. Contractor Information  a) Name and address: QUALITY FIRST ROOFING	G LLC 4212 W. GULF TO LAKE HIGHWAY LECANTO, FL 34461	
b) Telephone No.: (352) 220-7367		
5. Surety Information (if applicable, a copy of the paym a) Name and address:	ent bond is attached):	
b) Amount of Bond:		
c) Telephone No.:6. Lender		
a) Name and address:		
7. Person within the State of Florida designated by Owr	ner upon whom notices or other documents may be served as provided by Section	
713.13(1)(a)7., Florida Statutes:		
b) Telephone No.:		
	he following person to receive a copy of the Lienor's Notice as provided in	
a) Name:	OF	
Expiration date of Notice of Commencement (the exist specified):	piration date will be 1 year from the date of recording unless a different date	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED 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 ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.		
STATE OF FLORIDA	Aarna	
COUNTY OF COLUMBIA 10 Signature of Over	wher or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
AARON CAINES		
	Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before m	e, by means of physical presence or online notarization, a Florida Notary,	
this 5TH day of DECEMBER , 20 24 , by: AARON CAINES as		
(Name of Person) (Type of Authority)		
for who is personally known OR produced identification (name of party on behalf of whom instrument was executed)		
(name of party on behalf of whom instrument was executed)  Type ID C520-001-86-290-0		
Notary Signature 4 VONLM 400	YVONNE M. JACOBS  Skam Commission # HH 155170  Expires November 17, 2025  Bondod Thru Budget Notary Services  Updated 12/2023	