Inst. Number: 202512002173 Book: 1532 Page: 1291 Page 1 of 1 Date: 2/4/2025 Time: 12:16 PM 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:	
35:55:17:09:520:00	
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): a) Street (job) Address: 2. General description of improvements:	35.55.17.09520.000
3. Owner Information or Lessee information if the Lesse a) Name and address: 1/1/1/15 1-1/2 b) Name and address of fee simple titleholder b) Name and address of fee Simple titleholder	f (if other than owner) 11/61 S.F. LANCARON N. N. S. T. N. N. I.
c) Interest in property OWNEY 4. Contractor Information a) Name and address: Faul WCDON	niel 2230 SE Raya Dr. Lake City
a) Name and address:	on cond is accured).
c) Telephone No.:	
6. Lender a) Name and address:	
b) Phone 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 Section 713.13(I)(b), Florida Statutes:	
b) Telephone No.:	OF
Expiration date of Notice of Commencement (the exits 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 COUNTY OF COLUMBIA 10.X	Myllis Erun
Signature of Ow	mer or Lassee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Pr	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before mo	ex 100 Paul McDaniel
Personally Known OR Produced Identification	Type
Notary Signature	Notary Stamp or Seal Notary Public State of Florida Christy Gehr My Commission HH 129249 Expires 05/12/2025