Inst. Number: 202412025314 Book: 1528 Page: 683 Page 1 of 1 Date: 11/26/2024 Time: 10:34 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:	
12-5\$-16-03406-125 (16766)	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro	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): A PART OF LOTS	12 & 25 ROSE CREEK PLANTATION PH 2 MORE FULLY DESC: BEG NW COR OF LOT 12 OF SAID S/D
a) Street (job) Address: 413 SW HIGHPOIN	NT GLN, LAKE CITY Roof
b) Name and address of fee simple titleholder	e contracted for the improvements: Y ALISHA A413 SW HIGHPOINT GLNLAKE CITY, FL 32024 (if other than owner)
a) Name and address: TMT ROOFING LLC 295 NW	Commons LP Ste 115-315 Lake City 32055
b) Telephone No.: 3528884676 5. Surety Information (if applicable, a copy of the paym	ent bond is attached):
c) Telephone No.:6. Lender	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
,	
Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in
a) Name:b) Telephone No.:	OF
Expiration date of Notice of Commencement (the ex is specified):	piration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAI COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Over	vner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
- -	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 22 day of Marshar 202	4 by: Micah (ada) as proporty dwnor (Type of Authority) who is personally known OR produced identification
for	who is personally known OR produced identification
(name of party on behalf of whom instrument was	executed)
Notary Signature	(Notary Stamp or Seal)