## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

26-45-15-00399-001

Clerk's Office Stamp

Inst: 202412008722 Date: 04/29/2024 Time: 2:14PM

Page 1 of 1 B: 1513 P: 934, James M Swisher Jr, Clerk of Court

Columbia, County, By: OA

Deputy Clerk

THE UNDERSIGNED hereby gives notice the of the Florida Statutes, the following information of the Florida Statutes of the Florida St	hat improvements will be made to certain real property, and in accordance with Section 713.13 rmation is provided in this NOTICE OF COMMENCEMENT.	cor of
1. Description of property (legal description)	rmation is provided in this NOTICE OF COMMENCEMENT.  26-45-15 5000/5000 10.32 Acres BEG NE ( ion): NE Y4 of NE Y4, FOR POB. RUN W 670 FT, S  2 SW CR 242 Lake Gty F1 32624 N 670 FT to POB! OR	670 FT,
	Roof Over Metal over Shiggles	0 400 133
3. Owner Information or Lessee information a) Name and address:	on if the Lessee contracted for the improvements:	
	pple titleholder (if other than owner)	
c) Interest in property		
Contractor Information     a) Name and address:	as Baliacea	
b) Telephone No.: 352	-339-5280	
5. Surety Information (if applicable, a cop		
c) Telephone No.:		
6. Lender		
b) Phone No	gnated by Owner upon whom notices or other documents may be served as provided by Section	
713.13(1)(a)7., Florida Statutes:		
a) Name and address:		
b) Telephone No.:		
9 In addition to himself or herself Owner	r designates the following person to receive a copy of the Lienor's Notice as provided in	
Section 713.13(I)(b), Florida Stat		
	OF	
	ement (the expiration date will be 1 year from the date of recording unless a different date	
is specified):		
	MENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF	
	RED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, SULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A	
	UST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST	
	OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE	
COMMENCING WORK OR RECORD	DING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA	10. liesa allison	
Si	ignature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
	Leresa Allison	
	Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowled	ged before me, by means of V physical presence or online notarization, a Florida Notary,	
this 18 day of April	, 20 24 by: Teresa Allison as Owner	
Torosa Allis	(Name of Person) (Type of Authority)	
for 1tresec //110	who is personally known	
(name of party on behalf of whom ins	trument was executed)	
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(VPAAD ()	DALICALA DA	
Notary Signature	Notary Stamp or Seal My COMM. 2011	