Inst. Number: 202512002995 Book: 1533 Page: 448 Page 1 of 1 Date: 2/12/2025 Time: 12:39 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:	
33-45-16-03265-004 (16073)	
of the Florida Statutes, the following information is pro-	
a) Street (Job) Address: 110 SW MAULDIN AVE	COR OF NE1/4, RUN E 1955 95 FT FOR POB, CONT E 783 18 FT TO W R/W MAULDIN RD, RUN S ALONG R/W 818 32 F , N 815 B1 F1 TO POB ORB 873-1128 , LAKE CITY
2. General description of improvements: Complete	Re-Roof 21 Sq 4/12 30 Sq 9/12
b) Name and address of fee simple titleholder	e contracted for the improvements: AORSE SHARON 110 SW MAULDIN AVE LAKE CITY, FL 32024 r (if other than owner)
c) Interest in property 4. Contractor Information Model City Roofing	
a) Name and address: <u>3830 WILLIAMSBU</u>	RG PARK BLVD Unit 7 Jacksonville FL 32257
b) Telephone No.: 904-552-1009	
5. Surety Information (if applicable, a copy of the payments)	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	
6 Lender	
b) Phone No.	
 Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes: 	er upon whom notices or other documents may be served as provided by Section
a) Name and address: b) Telephone No.:	
b) relephone to	
Section 713.13(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
a) Name: b) Telephone No.:	OF
b) Telephone No	
Expiration date of Notice of Commencement (the expire specified):	oiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFLORIDA STATUTES, AND CAN RESULT IN YOUN OTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	Sharon Morse
COUNTY OF COLUMBIA 10	
Signature of Ow	rner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Sharon Morse
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, by means of physical presence or online notarization, a Florida Notary,
this day of Feb 2023	S by: Sharon Morse as Home owner (Name of Person) (Type of Authority)
Madel C. 1.1 8 1 c	
(name of party on behalf of whom instrument was the state of the state	Recuted Lynn Fuller & FLD L
Al West	EXPIRES: October 31, 2023 }
Notary Signature 1	(Notary Stamp or Seal)