NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
11-45-16-02905-113	
THE UNDERSIGNED hereby gives notice that improven of the Florida Statutes, the following information is pr	nents will be made to certain real property, and in accordance with Section 713.13 ovided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 601 / a) Street (job) Address: 239 SW Ro	3 BK A WOOD POST S/D 824-1571 OBINSON CT. LAKE CITY FL 32024 WE & replace Windows & Doors
	KARYNE A // 239 SW ROBINSON COURT, LAKE CITY, FL 32024
<ul> <li>b) Name and address of fee simple titleholds</li> <li>c) Interest in property</li> </ul>	er (if other than owner)
THE CONTROL OF THE CO	
a) Name and address: <u>Repewal By</u>	Anderson of Fla. 997 W Kanady Blue. ORlando, Fe 32810
b) Telephone No.: 7/1/7 -803"	9713
<ol><li>Surety information (if applicable, a copy of the payr</li></ol>	ment bond is attached):
b) Amount of Bond:	
A *.II M	
6. Lender	
a) Name and address:	
b) Phone No.	rner upon whom notices or other documents may be served as provided by Section
7. Person within the State of Horida designated by Ow 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
a) Name and address:	
th Talantana Na .	
· wantan ta salaran waasa a	manager oppopulate that supervive ever management and Mahabababa
<ol> <li>In addition to himself or herself, Owner designates in Section 713.13(I)(b), Florida Statutes:</li> </ol>	the following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the exist specified):	xpiration date will be 1 year from the date of recording unless a different date
WADNING TO OWNED. ANY DAVACATE AAA	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF
COMMENCEMENT ARE CONSIDERED IMPROFILED FROM THE PROFILE IN YOUR OF COMMENCEMENT MUST BE REC	OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA	A a comment
COUNTY OF COLUMBIA 10	Kerye a-Welliams
Signature of O	wner or essee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Ē	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	ne, a Florida Notary, this 26 day of MAY 2022 by:  LET for Sett  uthority) (name of party on behalf of whom instrument was executed)
MACUNA A. MANUE	504
(Name of Person) Type of Al	uthority) (name of party on behalf of whom instrument was everyited)
Personally Known OR Produced Identification _	Type FLDL Peter F Annarummo
Notary Signature Peter F. Gnnown	Peter F American
(	Expires 1/28/2023