NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	In t 201312005495 Date 4/11/2013 Time 9 34 AM DC P DeWitt Cason Columbia County Page 1 of 1 B 1252 P 2164
Florida Statutes the following information is provided i	ents will be made to certain real property, and in accordance with Section 713.13 of the n this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 10 a) Street (Job) Address: 115 Suv 2 General description of improvements:	- 45-16-02866-106 EMERALD FOREST CHARLS IN SU LAVE CITY FLA 320EY
3 Owner Information a) Name and address: b) Name and address of fee simple titleholde c) Interest in property	H 115 SW BEACUE CUEN LAKE CUTY 32xiY FOS er (If other than owner)
4. Contractor Information a) Name and address: b) Telephone No 350 24 4	& SONS ROOFING TAC. PUBIX 1421 MAYOFA 155 FAX NO. (Opt.) 386 244-3165
5 Surety Information a) Name and address.	
c) Telephone No.:	Fax No. (Opt.)
b) Phone No	sted by owner upon whom notices or other documents may be served:
b) Telephone No.:	Fax No. (Opt.)
713.13(I)(b), Florida Statutes:	ng person to receive a copy of the Lienor's Notice as provided in Section
b) Telephone No	Fax No. (Opt.)
9 Expiration date of Notice of Commencement (the exis specified):	opiration date is one year from the date of recording unless a different date
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF CINSPECTION. IF YOU INTEND TO OBTAIN FINANCING,	E OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA COUNTY OF COLUMBIA	10. 8 Smth
	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	X Ly THI NGRYEN SMITH
	Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 25 day of Mayob 20 13 by:

_____(type of authority, e.g. officer, trustee, attorney

(name of party on behalf of whom instrument was executed). OR Produced Identification \(\sqrt{2} \)

Notary Stamp or Seal

AMANDA EDENFIELD Notary Public - State of Florida My Comm Expires Nov 15, 2015 Commission # EE 146574

---AND-%

11. Verification pursuant to Section 92 525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief

Signature of Natural Person Signing (in line #10 above)