Inst. Number: 202412024430 Book: 1527 Page: 1394 Page 1 of 1 Date: 11/14/2024 Time: 2:39 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

24072716 SAC 2200501
24c 5500201

NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
Tax Parcel Identification Number:		
02.65.17.09541.000		
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): Como a) Street (job) Address: 242 SE OCT	n Sw (or OF NW14 Run E OF 522.60 Ft For POB Oher Rd. Lake City F1 32025	
2. General description of improvements: Screen		
3. Owner Information or Lessee information if the Lesse a) Name and address: <u>Brad ! みまいまいます。</u> b) Name and address of fee simple titleholder c) Interest in property <u>OWN</u> い	naron Robi s on 242 St October Rd Lake City F132025 r (if other than owner)	
4. Contractor Information a) Name and address: Pa 10 Enclos b) Telephone No.: 813 620 0931	ures 8813 Venture cove Tampa F1 33637	
5. Surety Information (if applicable, a copy of the payment) a) Name and address:	ent bond is attached):	
b) Amount of Bond:		
6. Lender		
b) Phone No.		
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	
a) Name and address: b) Telephone No.:		
Section 713.13(I)(b), Florida Statutes: a) Name:	ne following person to receive a copy of the Lienor's Notice as provided in OF	
b) Telephone No.:		
	piration date will be 1 year from the date of recording unless a different date	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.		
STATE OF FLORIDA	Minon Robins	
COUNTY OF COLUMBIA 10 Signature of Ow	vner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
	Sharon Robison	
 F	Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me	physical presence or online notarization, a Florida Notary,	
this $\frac{AI}{}$ day of $\frac{JMIy}{}$, 20 $\frac{2}{}$	4 by: Sharon Robison as owner (Type of Authority)	
for	who is personally known OR produced identification	
(name of party on behalf of whom instrument was e	Type ID Drivers license	
Notary Signature	(Notary Stamp or Seal) KAYLA RHEA Notary Public-State of Florida Commission # HH 202395 My Commission Expires November 28, 2025	