Inst. Number: 202212019251 Book: 1476 Page: 2061 Page 1 of 1 Date: 10/6/2022 Time: 8:32 AM 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:	
15-45-16-03023-388	
of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT. Lallaway SD Phase 3 1345/1014 Lashine Dr., Lake City, FL 32024
2. General description of improvements: RE-ROO	F
3. Owner Information or Lessee information if the Lessee a) Name and address: ASON WALLS b) Name and address of fee simple titleholder c) Interest in property 4. Contractor Information a) Name and address: ENLIGY FIFTH b) Telephone No.: 859-166 5. Surety Information (if applicable, a copy of the payments)	re contracted for the improvements: DR., Lake City, H. 33024 re (if other than owner) reg 10153 W. HWY. 90, Lake City, H. 32085 ent bond is attached):
a) Name and address: b) Amount of Bond:	
c) Telephone No.:	
6. Lender a) Name and address:	
b) Phone No.	
713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:	
Expiration date of Notice of Commencement (the expire specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOINSPECTION. IF YOU INTEND TO OBTAIN FINANCOMMENCING WORK OR RECORDING YOUR	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 DRIED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANGING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE INDICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Ow Pr	viner or lessee or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	2 (1) 12
The foregoing instrument was acknowledged before me	e, a Florida Notary, this day of, 20, by:
ASON WATTS as	thority) for thority) (name of party on behalf of whom instrument was executed)
(Name of Person) (Type of Au	thority) (name of party of behalf of whom instrument was executed)
Personally Known OR Produced dentification V	Type / K UK
Notary Signature	GERALDINE HRUDA Notary Stamp or S MY COMMISSION # GG 338932 EXPIRES: May 27, 2023
	Bonded Thru Notary Public Underwriters