Inst. Number: 202512012807 Book: 1541 Page: 2256 Page 1 of 1 Date: 6/5/2025 Time: 11:12 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	
	Clock's Office Stamp
Tax Parcel Identification Number	
03-78-16-04118-010 (21447)	
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
1 Description of property (local description)	I CE OOD OF THE
a) Street (job) Address: 459 SW FIFLD 2. General description of improvements: remove a	SE COR OF NE1/4 OF NE1/4, N 330 FT FOR POB NING WAY FORT WHITE, FL 32038 and replace shingles
c) Interest in property OWNEr	URIANNA M TOUSIGNANT ASHLEY M 459 sw Fieldig
a) Name and address: <u>J&S Roofing and</u> b) Telephone No : <u>352-681-3671</u> 5. Surety Information (if applicable a convert the gaves	d Construction Inc
 Surety Information (if applicable, a copy of the payme a) Name and address 	int bond is attached):
c) Telephone No.	
o reuder A	The state of the s
b) Phone No. 7 Person within the State of Florida designated by Own	
7 Person within the State of Florida designated by Owne 713 13(1)(a)7. Florida Statutes	er upon whom notices or other documents may be served as provided by Section
h) Telephone No.:	
9 Expiration date of Notice of Commencement (the own	OF O 1 5 7 Fration date will be 1 year from the date of recording unless a different date
is specified):	ration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAD COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NOING, CONSULT YOUR LENDER OR AN ATTEMPLIANT.
COUNTY OF COLUMBIA 10. Signature of Own	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Pr	Add Ney M. Tousiancot, Owner inted Name and Signatory's Title/Office
the foregoing instrument was acknowledged before me, his 5 day of UNE 2025 or J+S ROUTING + CONSTITUTION	by ASNUY TOUS IGNANT'S OWNEY (Name of Person) (Type of Authority) CHO who is personally known OR produced identification
(name of party on behalf of whom instrument was exposed of the party of the party of the party Signature of the party of the party Signature of the party of	BARBARA ASHLEY CARVERDE ID FL DL T22501388515 Commission # HH 568929 Expires July 9, 2028
	Updated 12/2023