Inst. Number: 202312021570 Book: 1502 Page: 2651 Page 1 of 1 Date: 11/15/2023 Time: 10:36 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:	
28-3\$-16-02372-440 (9127)	
THE UNDERSIGNED hereby gives notice that improvem 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.
	EMERALD LAKES PHASE 4, 814-1147, 896-1335, 907-363, 956-3, WD 1249-308, FJ 1388-1379 DR LAKE CITY, FL 32055
	OOF OVER
c) Interest in property OWNER 4. Contractor Information	
b) Telephone No.: (904) 337-0509	
5. Surety Information (if applicable, a copy of the paym a) Name and address: N/A	ent bond is attached):
b) Amount of Bond: N/A	
c) Telephane No.: N/A 6. Lender	
a) Name and address: N/A b) Phone No. N/A	
7. Person within the State of Florida designated by Owr 713.13(1)(a)7., Florida Statutes: a) Name and address: N/A	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.: N/A	
Section 713.13(I)(b), Florida Statutes: a) Name: N/A b) Telephone No.: N/A 9. Expiration date of Notice of Commencement (the exp	piration date will be 1 year from the date of recording unless a different date
is specified): N/A	<u> </u>
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.	
COUNTY OF COLUMBIA	uner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Ow	mer of cessee, or owner 2 or cessee s Additionated Office/Diffector/Fardier/Manager
	OWNER
Ĭ	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, a Florida Notary,	
this 14TH day of NOVEMBER 20 2	3 by: ASHLEY LEANNE PRICE as OWNER (Name of Person) (Type of Authority)
for 396 NW ZACK DR LAKE CITY, FL 32055 (name of party on behalf of whom instrument was a	who is personally known OR produced Identification
Notary Signature	(Notary Stamp or Seal) [Notary Stamp or Seal] [Notary Stamp or Seal]