

## NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. \_\_\_\_\_  
State of FL

Tax Folio No. 25-48-16-03121-004  
County of Columbia

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property being improved: LOT 3 Block A Piccadilly Park  
South S/D. 606-477, 691-711, WD 1246-902, WD 1490-1769

Address of property being improved: 183 SW Mocking Bird Way, Lake City

General description of improvements: Roof Replacement

Owner Sean-Marc & Lesley Perrine

Address 183 SW Mocking Bird Way, Lake City

Owner's interest in site of the improvement \_\_\_\_\_

Fee Simple Titleholder (if other than owner) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contractor Honest Abe Roofing

Address 8936 Western Way Ste. 10 Jacksonville FL 32256

Phone No. 904-341-7663

Fax No. \_\_\_\_\_

Surety (if any) \_\_\_\_\_

Address \_\_\_\_\_

Amount of bond \$ \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Name and address of any person making a loan for the construction of the improvements.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Name of person within the State of Florida, other than himself, designated by owner upon whom notices or other documents may be served:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): \_\_\_\_\_

THIS SPACE FOR RECORDER'S USE ONLY

OWNER

Signed: [Signature] DATE 5/22/23  
Before me this 22 day of May in the  
County of Duval, State of Florida, has personally appeared \_\_\_\_\_  
herein by  
himself/ herself and affirms that all statements and declarations herein  
are true and accurate

Katelynn Fuller

Notary Public at Large, State of \_\_\_\_\_, County of \_\_\_\_\_  
My commission expires: \_\_\_\_\_  
Personally Known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_

