Inst. Number: 202412010477 Book: 1514 Page: 2324 Page 1 of 1 Date: 5/20/2024 Time: 10:19 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:	
27-65-16-03951-135	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is pro-	
1. Description of property (legal description): a) Street (job) Address: 365 56 7 (see 2. General description of improvements: 460 c.	35 Foxword 5/0 Phoses, WD 1233-997 WO 1889-2158, LE 1500 on Lane Fort White FC 32638 ny a Corport
3. Owner Information or Lessee information if the Lessee a) Name and address: Karr Wes Klop b) Name and address of fee simple titleholder	
c) Interest in property 4. Contractor Information a) Name and address: b) Telephone No.: (352/579-476	91 Aluminum Ent. Inc. 8490 NE 61 Pl Bronson Fl 3262.
5. Surety Information (if applicable, a copy of the payme a) Name and address: b) Amount of Bond: c) Telephone No.:	ent bond is attached):
6. Lender a) Name and address: b) Phone No	N/A
	er upon whom notices or other documents may be served as provided by Section
	e following person to receive a copy of the Lienor's Notice as provided in OFOF
b) Telephone No.:	
Expiration date of Notice of Commencement (the exp is specified):	iration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROF FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	PE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, JR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST UNCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	der or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Own Pri	nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	a Florida Notary, this 20 day of May 2024 by:
(Name of Person) (Type of Auti	for
Personally Known OR Produ ced Id entification X	Type LORRAINE E KIBLER Notary Public - State of Florida
Notary Signature	Notary Stamp or Seal: Notary Stamp or Seal: