Inst. Number: 202112021306 Book: 1450 Page: 1205 Page 1 of 1 Date: 10/20/2021 Time: 9:09 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:	
11.45.110.02905.203	
of the Florida Statutes, the following information is pro	
1. Description of property (legal description):	1.45.16.02905.203
a) Street (job) Address: 1010 M F1	THE GOOD CALECITY STOLE
	,
Owner Information or Lessee information if the Lesse     Name and address:      Name and address of fee simple titleholde	ee contracted for the improvements;  NO 18 SW HUNHINGTON GLENN (QLE CITY 32024)  Wife the standard and survey.
10.40.0	if (if other than owner)
4. Contractor information	
a) Name and address: Paul McDaniel b) Telephone No.: 386-752-4072	2230 SE Baya Dr. LAke City, FL 32025
5. Surety Information (If applicable, a copy of the paym	pent bond is attached):
a) Name and address:	
b) Amount of Bond: c) Telephone No.:	
c) Telephone No.:	
b) Phone No	AN PLANTAGE PROPERTY AND
713.13(1)(a)7., Florida Statutes:	rner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
8. In addition to himself or herself, Owner designates t	the following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the expression).  1. The second	xpiration date will be 1 year from the date of recording unless a different date
	•
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE REC	NDE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST VANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA 102	owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature or C	wher or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	X Wand clinne
· · · · · · · · · · · · · · · · · · ·	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before r	Tie, a Florida Notary, this 19 day of Oldber 20 21 by:
Warnin Vines - Owner	Env
(Name of Person) (Type of A	for  Authority) (name of party on behalf of whom Instrument was executed)
Personally Known OR Produced Identification	Type
	<b>*********</b>
Notary Signature	Notary Stamp or Seal: Notary Public State of Flo