Inst. Number: 202412021675 Book: 1525 Page: 534 Page 1 of 1 Date: 10/15/2024 Time: 1:06 PM 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:	
15-45-16-03023-237	
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.
1. Description of property (legal description): 15-1	15-16-03023-237 Oveland Ct. Lake City, FL 32024
2. General description of improvements: Re-Roof	
b) Name and address of fee simple titleholde	ee contracted for the improvements: LAKE C. ty FL 3 2024 r (if other than owner)
c) Interest in property	& Construction Inc. 4590 CR 218 Middleburg, Fl. 32068
a) Name and address: 60 Verlant (100 m) b) Telephone No.: (904)423-0819	a construction no. 1000 of the construction of
5. Surety Information (if applicable, a copy of the paym	ent bond is attached):
a) Name and address:	
c) Telephone No.:	
6. Lender	
h) Phone No	
7. Person within the State of Florida designated by Ow	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	
b) Telephone No.:	
	, and the state of
a	he following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the exist specified):	opiration date will be 1 year from the date of recording unless a different date
•	
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOUR OF COMMENCEMENT MUST BE REC	DE 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 IANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	v (M)
COUNTY OF COLUMBIA 10.	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of O	wher or Lessee, or Owner's or Lessee's Additionized Office/Director/Farther/Manager
Notary Public	Towar Wila
State of Florida Comm# HH114715	Tames Wh. te Printed Name and Signatory's Title/Office
W/CF 1918 Expires 4/7/2025	
The foregoing instrument was acknowledged before n	ne, by means of physical presence or online notarization, a Florida Notary,
this	(Name of Person) (Type of Authority)
for Olu	who is personally known OR produced identification
(name of party on behalf of whom instrument was	Type ID <u>W 300 - 498 - 72 - 425 - 1</u>
Notary Signature	(Notary Stamp or Seal)
INDICAL À DIRIGITALE	Updated 12/2023