

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. _____ Tax Folio No. _____
State of FLORIDA 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 12 FOREST PLANTATION
UNIT 1, WD 1082-2095, WD 1180-14, DC
1289-775, WD 1320-171

Address of property being improved 4030 NW COLONIAL GLN
LAKE CITY FLORIDA 32055

General description of improvements REMOVE EXISTING
SHINGLE ROOF AND REPLACE WITH NEW.

Owner ILIANA VILLA-ROEHR
Address 4030 NW COLONIAL GLN LAKE CITY FL. 32055

Owner's interest in site of the improvement PROPERTY IMPROVEMENT

Fee Simple Titleholder (if other than owner)

Name _____

Address _____

Contractor MASSEY ROOFING SERVICES LLC
Address 2042 CARNES ST. ORANGE PARK FL. 32073
Phone No 904-248-1133 Fax No N/A

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 or herself, designated by owner upon whom notices or other documents may be served.

Name _____

Address _____

Phone No _____ Fax No _____

In addition to himself or herself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2)(c), 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

Signed _____ OWNER
Before me this 23 day of AUGUST 2022
ILIANA VILLA-ROEHR
I, the undersigned, a Notary Public in and for the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original as the same was presented to me, and that the same are true and accurate.

N. Buchanan
Notary Public in and for the State of Florida, County of DUVAL
My commission expires 2-14-2026
Personally known _____
Produced Identification ✓ DRIVERS LICENSE

NIKITA BUCHANAN
Notary Public
State of Florida
Comm# HH228698
Expires 2/14/2026