Inst. Number: 201312008038 Book: 1255 Page: 854 Date: 5/24/2013 Time: 3:34:31 PM Page 1 of 1 P.De.Witt Cason Clerk of Courts, Columbia County, Florida

2010-01-13 09:37

Lowe's Region 11

401-336-0307 \*\*

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## NOTICE OF COMMENCEMENT

Permit No	Inst 201312008038 Date:5/24/2013 Time:3:34 PM DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:125	5 P:854
THE UNDERSIGNED hereby gives notice that the is with Section 713.13 of the Florida Statutes, the follow	provements will be made to real property, and in accordance ving information is provided in this NOTICE OF	
AA S A PONT PARTY		
Description of property (legal description): 33     Street (job) Address: 102 Num	HARRIS LAKE DR. LAKE CITY FL	32055
The state of the s	e Roof Stringles	
Owner Information     Name and address:      Name and address of fee simple titleholder (if decomposition)	4 102 NW Harris Lake Dl. Lake City fl	32055
c) Interest in property Owner	inci didii Vivia	
4 C. Lucy Y Commetical		
4. Contractor interminent	8529 Southpark Cr. Ste. 430 Orlando. FL 32819	
b) Telephone No: 407-370-2872 Fax No:	ONA DOGRAPHICA	
b) Telephone No. 407-370-2872 Fax No.		
5. Surety Information		
a) Name and address:NA		e
6. Lender		
a) Name and address. NA		10
the March	b: NA	
7 Identity of person within the State of Florida desi	enated by owner upon whom notices or other documents may be	
served	Control of Control Con	
a) Name and address NA		
LYT-1-Land No. NA For I	oNA	7/.
8. In addition to himself, owner designates the follo	wing person to receive a copy of the Lienor's Notice as provided in	
Section 713.13(1)(b), Florida Statutes;		
a) Name and address. NA		-
	oNA	
9. Expiration date of Notice of Commencement (th	expiration date is one year from the date of recording unless a	
different date is specified):		
THIS NOTICE OF COMMENCEMENT ARE CONTROL OF THE PROPERTY. A LAND POSTED ON THE LOSSIE BEFORE TO	ADE BY THE OWNER AFTER THE EXPIRATION OF CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER TUTES CAN RESULT IN YOUR PAYING TWICE FOR NOTICE OF COMMENCEMENT MUST BE RECORDED BE FIRST INSPECTION. IF YOU INTEND TO OBTAIN AN ATTORNEY BEFORE COMMENCING WORK OR EMENT.	
County Of County of	10. X Hancy Whitfield X  Supercure of Owner or Owner's Justicitied Officer Director Partner Massager  N a n c y w n: 4 f. e / d  Print Name	
Fersenally Known OR Produced Identification  Type of Identification Produced	Siday of May 2013 by William H Towns to fauthority, e.g. officer, trustee, attorney in fact) me of party on behalf of whom instrument was secund).  Notary Signature Man H Tokus	
	ND- penalties of perjury, I declare that I have read the foregoing and that the facts state	d
Verification pursuant to Section 92.525, Florida Statutes. Under in it are true to the best of my knowledge and belief.		
	X Wancy Whitfield	
WILLIAM H JOHNS MY COMMISSION #DD972377 EXPIRES: MAR 17, 2014 Bonded through 1st State Insurance	Signature of Natural Jerson Signing (in Mrs 10) Above	