NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number  14-55-17-09238-000	Inst 201312019060 Date 12/2/2013 Time 9 44 AM  DC P DeWitt Cason Columbia Courty Page 1 of 1 B 1265 P 2575
THF UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes the following information is provided in this NOTICE OF COMMENCEMENT	
a) Street (Job) Address: 834 SE Aldine Feagle of Lake City F1 321)25  2 General description of improvements Ce Toof	
a) Name and address:  h) Name and address of fee simple titleholder (if other than owner)  c) Interest in property  Owner  Contractor Information  a) Name and address.  b) Telephone No.:  Solo 959 Notes  Fax No (Opt.)	
b) Telephone No. Suco 457 () G  5 Surety Information  n) Name and address. b) Amount of Bond: c) Telephone No ·	Fax No. (Opt.)
6 Lender  a) Name and address: b) Phone No.  7 Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served	
a) Name and address: b) Telephone No.:	Fax No. (Opt.)
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes a) Name and address: b) Telephone No  Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713, 13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.  STATE OF FLORIDA COUNTY OF COLUMBIA  10.  Signature of Owner or Owner's Authorized Office/Director/Partner/Manager Printed Name	
The foregoing instrument was acknowledged before me , a Flor	man to the contract of the con
Konald reagle as Owner (type of authority, e.g. officer, trustee, attorney	
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Typ  Notary Signature Rankon Q. Jah	Notary Public State of Florida Barbara A Juhnston My Commission EE075920 Expires 05/06/2015
11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief	
	Signature of Natural Person Signing (in line #10 above.)