Inst. Number: 202412011183 Book: 1515 Page: 1410 Page 1 of 1 Date: 5/30/2024 Time: 8:43 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 |
|--|--|
| | State State |
| Tax Parcel Identification Number: | |
| 28-3S-17-05790-000 | |
| | |
| of the Florida Statutes, the following information is pr | |
| 1. Description of property (legal description): | 1 BLOCK 12 CAROLYN HEIGHTS |
| a) Street (<i>job</i>) Address: 1744 NE BASC 2. General description of improvements: Solar page 1 | anel Installation |
| · · · · · · · · · · · · · · · · · · · | |
| | / 1744 NERBASCOMONORPOIS REGISAKE CITY, FL 32055 b) Name and address of fee simple titleholder (if other than owner) |
| c) Interest in property | · · · · · · · · · · · · · · · · · · · |
| 4. Contractor Informationa) Name and address: Momentum Solar / 62 | 10 Hoffner Ave Ste 100 Orlando, FL 32822 |
| b) Telephone No.: 7329026224 | and the state of the same of the same |
| 5. Surety Information (if applicable, a copy of the payr a) Name and address: | ment bond is attached): |
| b) Amount of Bond: | |
| c) Telephone No.:6. Lender | |
| a) Name and address: | |
| b) Phone No | vner upon whom notices or other documents may be served as provided by Section |
| 713.13(1)(a)7., Florida Statutes: | |
| | |
| b) Telephone No.: | |
| | 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.: | OF |
| | xpiration date will be 1 year from the date of recording unless a different date |
| is specified): | |
| | 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 |
| | NANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE |
| COMMENCING WORK OR RECORDING YOU | R NOTICE OF COMMENCEMENT. |
| STATE OF FLORIDA COUNTY OF COLUMBIA 10. | Sandra Reeves |
| - | wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager |
| • | |
| | Sandra Reeves |
| | Printed Name and Signatory's Title/Office |
| The foregoing instrument was acknowledged before n | ne, by means of physical presence or online notarization, a Florida Notary, |
| this 29 day of May 20 2 | 24 _{, by:} Sandra Reeves _{as} Owner |
| | (Name of Person) (Type of Authority) |
| for (name of party on behalf of whom instrument was | who is personally known OR produced identification |
| (name of party on behalf of whom instrument was | |
| <i>c</i> . <i>c</i> | s executed) |
| | Type ID DL |
| Notary Signature Rahman | Type ID DL |