Inst. Number: 202112003818 Book: 1431 Page: 1665 Page 1 of 1 Date: 3/3/2021 Time: 8:55 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
Tax Parcel Identification Number:	
27-45-16-03199-321	
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 ovided in this NOTICE OF COMMENCEMENT.
a) Street (inh) Address: 387 SW DANTE	SPRINGFIELD ESTATES PHASE 2. ORB 719-523, 721-809, 770-1329, 770- TERRACE, LAKE CITY, FL 32024
2. General description of Improvements.Replacing win	ndows/doors size for size
3. Owner Information or Lessee information if the Lesse a) Name and address: ANGSTADT, WILLIAM	e contracted for the improvements:
 b) Name and address of fee simple titleholder c) Interest in property Owner 	(if other than owner)
4. Contractor Information	
a) Name and address: Jareu Wellick // Rene	wal by Andersen of Florida // 997 W Kennedy Blvd, Orlando FL 32810 ting@rbafla.com
5. Surety Information (if applicable, a copy of the payme	ent bond is attached):
a) Name and address:	·
6. Lender	
a) Name and address:	
b) Phone No. 7. Person within the State of Florida designated by Owner	er upon whom notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No.:	
Section (13.13(I)(D), Figure Statutes:	following person to receive a copy of the Lienor's Notice as provided in OF
9. Expiration date of Notice of Commencement (the expirits specified):	ation date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE COMMENCEMENT ARE CONSIDERED IMPROPE FLORIDA STATUTES, AND CAN RESULT IN YOUR NOTICE OF COMMENCEMENT MUST BE RECORD	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IT PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A REPORT OF AN ATTORNEY REPORT
STATE OF FLORIDA COUNTY OF COLUMBIA	Hulidle Akar
Signature of Owner	or Levee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
The foregoing instrument was acknowledged before me, a life of Author (Name of Person) (Type of Author)	for
Personally Known OR Produced Identification Notary Signature	Type FIDL A 62552679650
	Notary Stamp or Seal: Notary Stamp or Seal: