

## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

## Clerk's Office Stamp

Inst: 202512015659 Date: 07/17/2025 Time: 10:09AM Page 1 of 1 B: 1544 P: 1746, James M Swisher Jr, Clerk of Court Columbia, County, By: VC W

THE 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.
1. Description of property (legal description): LUT 6 CUUNTY VIII CASE  a) Street (Job) Address: 349 SWACE LANE
2. General description of improvements: MF+al Storage Bldg
3. Owner Information or Lessee information if the Lessee contracted for the improvements:  a) Name and address: EVANC FILL  b) Name and address of fee simple titleholder (if other than owner)  c) Interest in property OWN
4. Contractor Information a) Name and address: 349 SWACE LANE LC FL 32025 b) Telephone No.: 3816 152-9497 5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: b) Amount of Bond:
c) Telephone No.:
6. Lender
b) Phone No
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes:  a) Name:OF
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):
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 Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager  Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this
Personally Known OR Produced Identification Prype FU DC
Notary Signature Notary Stamp or Sea
MY COMMISSION # HIL 505720

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EXPIRES: October 18, 2028