Inst. Number: 202512014836 Book: 1543 Page: 1693 Page 1 of 1 Date: 6/30/2025 Time: 2:48 PM 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:	
00-00-00-00594-001 (2710)	
THE LINDERSIGNED hereby gives notice that improver of the Florida Statutes, the following information is pr	ments will be made to certain real property, and in accordance with Section 713.13 rovided in this NOTICE OF COMMENCEMENT.
Description of property (legal description). LOTS A) Street (job) Address. 1029 IOWA DRIVE FC General description of improvements: REROOF.	13 UNIT 3 THREE RIVERS ESTATES, 422-27, 944-964, WD 1317-2396, ORT WHITE, FL 32068
3 Owner Information or Lessee information if the Les	
a) Name and address. CHRIS KEROUAC	see (Ontracted for the approvements).
b) Name and address of fee simple titlehold	der (if other than owner)
4 Contractor Information a) Name and address. BYRD'S EYE ROOFING	118 SIWANNEE AVE BRANFORD, FL 32008
5 Surety Information (if applicable, a copy of the pay	ment hand is attached):
h) Amount of Bond	
c) Telephone No.:	
6 Lender	
a) Name and address:	
b) Phone No.	
· · · · · · · · · · · · · · · · · · ·	wner upon whom notices or other documents may be served as provided by Section
713 13(1)(a)7., Florida Statutes:	
a) Name and address:	
b) Telephone No.:	- In the second
8. In addition to himself or herself, Owner designates Section 713.13(I)(b), Florida Statutes:	s the following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the	expiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPR FLORIDA STATUTES, AND CAN RESULT IN N NOTICE OF COMMENCEMENT MUST BE RE INSPECTION. IF YOU INTEND TO OBTAIN FI	IADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INANCING, CONSULT YOUR LENDER OF AN ATTORNEY BEFORE UR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	1/1/1-1/1
COUNTY OF COLUMBIA	of www
ALBY A.	Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Notary Public	
State of Florida	CHRIS KEROUAC
Comm# HH150231	Printed Name and Signatory's Title/Office
Expires 7/7/2025	Timeed Name and Signatory 5 Haley Since
The foregoing instrument was acknowledged before	e me, by means of physical presence or online notarization, a Florida Notary,
this 30 day of Jule 20	(Name of Person) (Type of Authority)
for 1029 Town or Foxtwhick, I	(Name of Person) (Type of Authority) Who is personally known OR produced identification
(name of party on behalf of whom instrument w	vas executed)
	Type ID
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V (1) 1	