Inst. Number: 202412016911 Book: 1520 Page: 2114 Page 1 of 1 Date: 8/7/2024 Time: 2:57 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:	
24-55-16-03706-011	
of the Florida Statutes, the following information is pro-	_
1. Description of property (legal description): 6 N A a) Street (job) Address: 2048 SW N	C Beg O COT Of NIX 14 Run W 393.77 A. WD 1048. 2554 QUITUS RO LAKE CITY, FL 32024
2. General description of improvements: \[\int \-\ \CO	X-
3. Owner Information or Lessee information if the Lesse a) Name and address: b) Name and address of fee simple titleholder c) Interest in property Owner	e contracted for the improvements: NEC OF FIOTEN (if other than owner) 2018 SW NOLLTIUS RC JAKE CITY, F
	32024
a) Name and address: the ray kust	LAKE CHIFT 32055
b) Telephone No.: 855-766-385	LAKE CHIFT 22055
5. Surety information (if applicable, a copy of the payme	ent bond is attached):
a) Name and address:	
b) Amount of Bond: c) Telephone No.:	
6. Lender	in the Control of the
b) Phone No.	
713.13(1)(a)7., Florida Statutes: a) Name and address:	
b) Telephone No.:	The state of the s
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expire is specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	PE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	JAN VOID
COUNTY OF COLUMBIA 10	
Signature of Ow	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	JAVIER OCE.IO
Pr	inted Name and Signatory's Title/Office
()	meet Name and Signatory 5 Hite/Office
The foregoing instrument was acknowledged before me	
Javier Ocepas Owne	for ENLY ROOFIG (name of party on behalf of whom (extrument was executed)
(Name of Person) (Type of Aut	hority) (name of party on behalf of whom jostrument was executed)
Personally Known OR Produced Identification	Type Drivers License
(1 / ·	
Notary Signature	Notary Stamp or Seal: BROOKE PARRIS