Inst. Number: 202212015867 Book: 1473 Page: 765 Page 1 of 1 Date: 8/15/2022 Time: 10:51 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:	
10-48-16-02853-310	
of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 47/1/ a) Street (job) Address: 43 44 06	Russwood Est., Unit, 3 1, 32024
2. General description of improvements:	KOOP
 b) Name and address of fee simple titleholder 	
4. Contractor Information a) Name and address: FNE 194 Days b) Telephone No.: 855 - Telephone	109 10153 W. Hwy. 90, Lake City, 41 5055
5. Surety Information (if applicable, a copy of the paym	ent bond is attached):
c) Telephone No.:	
6. Lender a) Name and address:	
b) Phone No.	
713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
	he 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.:	
Dy Campitonic ICC	
Expiration date of Notice of Commencement (the exist specified):	piration date will be 1 year from the date of recording unless a different date
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	0.00
COUNTY OF COLUMBIA 10 Signature of O	Wher or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Printed Name and Signatory's Title/Office
P	rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	ne, a Florida Notary, this 22 nd day of July 20 22 by:
(Name of Person) as (Type of Al	for
Personally Known ——— OR Produced Identification _	Туре
,	JENAS, VERCHER
Notary Signature Sur S. Vull	Notary Stamp or Seal: Commission # HH 188499 Expires December 3, 2025 Bonded Thu Troy Fain Insurance 808-385-7019