Inst. Number: 202412027400 Book: 1530 Page: 167 Page 1 of 1 Date: 12/26/2024 Time: 2:00 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                                                                                                                                                                                                                  | Cle                                                                                                                  | rk's Office Stamp                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Tax Parcel Identification Number:                                                                                                                                                                                                       |                                                                                                                      |                                                                                                                        |
| 25-45-14-0315300Q1543                                                                                                                                                                                                                   | $\triangleright$                                                                                                     |                                                                                                                        |
| THE UNDERSIGNED hereby gives notice that improvem                                                                                                                                                                                       | ents will be made to certain real prop                                                                               | MENT                                                                                                                   |
| 1. Description of property (legal description).F7.5177.50 F  a) Street (Job) Address: 166 SW ANGELA                                                                                                                                     | FE LINE OF NEW OF NIWWA & NIRW OF CR-242, RUN<br>FTO POR, (AMA 1 OF 2 BLOCK BIPICCADE LY PAPIK SY<br>TED II AKE CITY | TWA CONG R/W LINE 224.32 FT, N 290 FT TO POB. CONT W 1/6 FT, N 1/2.96 FT (<br>D), 321-800, DC 1295-770, LE 1418-2454   |
| 2. General description of improvements: Re Roo                                                                                                                                                                                          |                                                                                                                      |                                                                                                                        |
| 3. Owner Information or Lessee Information if the Lesse a) Name and address: ALBURY LOURDES                                                                                                                                             | 80 MICHAEL BLAKE BLVD APT 322 WI                                                                                     | NTER SPRINGS, FL 32708                                                                                                 |
| b) Name and address of fee simple titleholde c) Interest in propertyOWNER                                                                                                                                                               | r (if other than owner) NA                                                                                           |                                                                                                                        |
| 4. Contractor Information a) Name and address: J&M RESIDENTIAL SV                                                                                                                                                                       | ICS LLC 6020 PARKWAY DR N STE 50                                                                                     | O CHAMMING GA 20040                                                                                                    |
| b) Telephone No.: 9043370509                                                                                                                                                                                                            | CS LEC 6020 PARKWAT DR N STE 30                                                                                      | O COMMONG GA 30040                                                                                                     |
| 5. Surety Information (If applicable, a copy of the paym                                                                                                                                                                                |                                                                                                                      | _                                                                                                                      |
| a) Name and address: NA                                                                                                                                                                                                                 |                                                                                                                      |                                                                                                                        |
| c) Telephone No.: NA                                                                                                                                                                                                                    |                                                                                                                      | _                                                                                                                      |
| 6. Lender  a) Name and address: NA                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                        |
| b) Phone No                                                                                                                                                                                                                             | ner uppn whom patient or other docu                                                                                  | ments may be served as provided by Sertion                                                                             |
| 713 13(1)(a)7 Florida Statutes:                                                                                                                                                                                                         | her apost whom flouces or other cocor                                                                                | nems may be served as provided by Section                                                                              |
| a) Name and address: NA                                                                                                                                                                                                                 |                                                                                                                      |                                                                                                                        |
| b) Telephone No.:                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                                        |
| 8. In addition to himself or herself, Owner designates to Section 713.13(I)(b), Florida Statutes:                                                                                                                                       |                                                                                                                      |                                                                                                                        |
| a) Name:                                                                                                                                                                                                                                | OF                                                                                                                   |                                                                                                                        |
| 9. Expiration date of Notice of Commencement (the ex- is specified):                                                                                                                                                                    | piration date will be 1 year from the c                                                                              | ate of recording unless a different date                                                                               |
| WARNING TO OWNER: ANY PAYMENTS MAI<br>COMMENCEMENT ARE CONSIDERED IMPRO<br>FLORIDA STATUTES, AND CAN RESULT IN YO<br>NOTICE OF COMMENCEMENT MUST BE REC<br>INSPECTION. IF YOU INTEND TO OBTAIN FIN<br>COMMENCING WORK OR RECORDING YOUR | PER PAYMENTS UNDER CHAPT<br>DUR PAYING TWICE FOR IMPRO<br>ORDED AND POSTED ON THE JO<br>ANCING, CONSULT YOUR LEND    | ER 713, PART I, SECTION 713.13,<br>VEMENTS TO YOUR PROPERTY; A<br>OB SITE BEFORE THE FIRST<br>ER OR AN ATTORNEY BEFORE |
| STATE OF FLORIDA                                                                                                                                                                                                                        | Lowder IM Ah                                                                                                         |                                                                                                                        |
| COUNTY OF COLUMBIA 10, Signature of Ov                                                                                                                                                                                                  | vner or Lessee, or Owner's or Lessee's                                                                               | Authorized Office/Director/Partner/Manager                                                                             |
| •                                                                                                                                                                                                                                       | 17wnese                                                                                                              |                                                                                                                        |
| •                                                                                                                                                                                                                                       | Printed Name and Signatory's Title/Of                                                                                | ffice                                                                                                                  |
|                                                                                                                                                                                                                                         | 177                                                                                                                  | <del></del>                                                                                                            |
| The foregoing instrument was acknowledged before me                                                                                                                                                                                     | e, by means of physical presence                                                                                     | oronline notarization, a Florida Notary,                                                                               |
| this Le day of December 202                                                                                                                                                                                                             | U by: LOUY OF A la                                                                                                   | )VY as HOWLOWNER (Type of Authority)                                                                                   |
| for Taylor Albrigh                                                                                                                                                                                                                      | who is personally known                                                                                              | OR produced Identification                                                                                             |
| (name of party on behalf of whom instrument was                                                                                                                                                                                         | executed)                                                                                                            | DC                                                                                                                     |
| 1                                                                                                                                                                                                                                       | 191                                                                                                                  | pe ID                                                                                                                  |
| Notary Signature                                                                                                                                                                                                                        | (Notary Stamp or Seal)                                                                                               | JAYSON ALBRIGHT Notary Public-State of Florand Commission # HH 459374 My Commission Exp (%)                            |