Inst. Number: 202412025144 Book: 1528 Page: 189 Page 1 of 1 Date: 11/22/2024 Time: 9:50 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
Try Darrol Identification at a t	
Tax Parcel Identification Number:	
01-55-16-03406-101	
the state of the s	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): Lot a) Street (job) Address: 35 500 5	1 Rose Creek Plantation S/D Phase 1 one ridge Dr Lake City FL 32024
2. General description of improvements:	tartition for primary suite
3. Owner Information or Lessee information if the Lesse a) Name and address: Mignel Tep b) Name and address of fee simple titleholder c) Interest in property 100%	200 1356 W Standard Dr. 1 day Col Fl 32024
	ent bond is attached): N/A
5. Surety Information (if applicable, a copy of the payme a) Name and address: b) Amount of Bond:	ent bond is attached): N/A
c) Telephone No.:	
6. Lender a) Name and address: Over b) Phone No.	
a) Name and address: b) Telephone No.: 366 466 947 8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes:	er upon whom notices or other documents may be served as provided by Section de: 1355w Storerdge Drive Lake City FL32024 e following person to receive a copy of the Lienor's Notice as provided in OF_
Expiration date of Notice of Commencement (the expirits specified):	ration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROP FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING, CONSULT YOUR LENDER OR AN ACTORNEY BEFORE NOTICE OF COMMENCEMENT
STATE OF FLORIDA COUNTY OF COLUMBIA 10	
	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager Miguel J. Lepedino, M. D.
Prin	ted Name and Signatory's Title/Office
^ ^	a Florida Notary, this 22 day of Mounty, 2024 by:
(Name of Person) as Owne	for
Personally Known OR Produced Identification	
Notary Signature Milly July	RONALD N. BARKER Notary Stamp or See NY COMMISSION # HH 266079