My Comm. Expires Oct 24, 2025

## NOTICE OF COMMENCEMENT

**Tax Parcel Identification Number:** 

## Clerk's Office Stamp

Inst: 202212000409 Date: 01/07/2022 Time: 11:09AM Page 1 of 1 B: 1456 P: 1365, James M Swisher Jr, Clerk of Court Columbia, County, By: BR

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

- Commence of Comm
1. Description of property (legal description): 01-65-15-00490-003
a) Street (Job) Address: 220 Sw Yale Terr. A white, Fl 2028
2. General description of improvements: 2cs 2 encr
Owner Information or Lessee information if the Lessee contracted for the improvements:     a) Name and address:
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4. Contractor Information
4. Contractor Information a) Name and address: Mike Todal 749 SE Brown St Labelity, Fl. 3200
b) Telephone No.: 386-860 - 6419  5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
c) Telephone No.:
6. Lender
a) Name and address:
b) Phone No
7. Person within the State of Florida designated by Owner 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.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes:  a) Name:
COUNTY OF COLUMBIA 10. NO.
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Wixe Todo
Printed Name and Signatory's Title/Office
Finited Name and Signatory's Tibe/Office
The foregoing instrument was acknowledged before me, a Florida Notary, this
Mike Todd as Owner for Will todd Construction
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification Type
/ h La on
Notary Signature CARRIE N LARSON Notary Stamp or Seal:  CARRIE N LARSON Notary Public - State of Florid Commission # HH 190429