

NOTICE OF COMMENCEMENT
(PREPARE IN DUPLICATE)

Permit No. _____ Tax Folio No. / Parcel No. 11-45-16-02905-4251
State of Florida County of Columbia

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this Notice of Commencement.

Legal description of property being improved: 11-45-16-02905-4251

Lot 25, Crestpoint SD as recorded in plat book 7
pages 724-731

N 86° 44' 58" E 68.38' N 0° 47' 29" W 97.01' N 3° 15' 2" W 173.31'
Address of property being improved: 126 SW Story Pl Lake City FL 32024 N 89° 42' 31" E 154.03'

General description of improvements: Roof Replacement

Owner Todd Hoyle
Address 126 SW Story Pl Lake City FL 32024

Owner's interest in site of the improvement _____

Fee Simple Titleholder (if other than owner) _____

Name _____

Address _____

Contractor RWE, LLC dba Revere Roofing

Address 1415 Ohio Ave N, #664, Live Oak, FL 32084

Phone No. 386.401.9363 Fax No. tim@revereroof.com

Name and address of any person making a loan for the construction of the improvements.

Name _____

Address _____

Phone No. _____ Fax No. _____

Name of person within the State of Florida, other than himself or herself, designated by owner upon whom notices or other documents may be served:

Name _____

Address _____

Phone No. _____ Fax No. _____

In addition to himself or herself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option).

Name _____

Address _____

Phone No. _____ Fax No. _____

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date

date is specified): 2/29/2024 There are no lien rights after 90 days from completion or after date specified here.

THIS SPACE FOR RECORDERS USE ONLY

OWNER

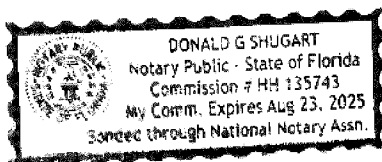
Signed: Todd Hoyle Date 11-3-23

Sworn to and subscribed before me this 3rd day of November, 2023

in the County of Columbia State of Florida, has personally

appeared Todd Hoyle herein by himself/herself and affirms

that all statements and declarations herein are true and accurate.



Personally Known _____ Notary Signature: [Signature]

Produced Identification ✓ My commission expires: 08/23/2025

FLDL