Inst. Number: 201212018218 Book: 1246 Page: 65 Date: 12/11/2012 Time: 11:54:46 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

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NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	Init:201212018218 Date:12/11/2012 Time:11:54 AM DC.P.DeWitt Cason,Columbia County Page 1 of 1 B:1246 P:65
THE UNDERSIGNED hereby gives notice that Improvements Florida Statutes, the following information is provided in the	s will be made to certain real property, and in accordance with Section 713.13 of the nis NOTICE OF COMMENCEMENT.
1. Description of property (legal description): 10 -45 a) Street (Job) Address: 11.5 TW ENC 2. General description of improvements:	Matted Ct. Lake City, FL 32014
3. Owner Information a) Name and address: DhiMANT +	GitA SONI 115 SWENDOWNTED CH. LAKE C. 4 EL3 2024
4. Contractor Information a) Name and address: Darin 1. Summ b) Telephone No.: 386 - 288 - 542	tother than owner) NAMO I rive LAKE City, FL 32024 Fax No. (Opt.)
a) Name and address: NA	Fax No. (Opt.)
6. Lender a) Name and address: NA b) Phone No.	rax No. (Opt.)
7. Identity of person within the State of Florida designated a) Name and address: b) Telephone No.:	by owner upon whom notices or other documents may be served: Fax No. (Opt.)
8. In addition to himself, owner designates the following por 713.13(i)(b), Florida Statutes: a) Name and address:	erson to receive a copy of the Lienor's Notice as provided in Section Fax No. (Opt.)
Expiration date of Notice of Commencement (the expiral is specified):	ntion date is one year from the date of recording unless a different date
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COM	VNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED FROM 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ISULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA 10	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
The foregoing instrument was acknowledged before me , a Flor	
fact) for as	
Personally Known OR Produced Identification Typ	
11. Verification pursuant to Section 92.525, Florida State the facts stated in it are true to the best of my know	utes. Under penalties of perjury, I declare that I have read the foregoing and that riedge and belief. Signature of Natural Person Signing (in line #10 above.)