NOTICE OF COMMENCEMENT				
This instrument Prepared By:				
Name: MIKE BENNETT				
Address: PO BOX 367 Newberry, FL 32669				
Permit No:	_			
Tax Follo No: 24-45-16-03116-04	P			
STATE OF: FLORIDA				
COUNTY OF: Columbia				
THE UNDERSIGNED HEREBY gives notice that imp Statutes, the following information is provided in this 1. DESCRIPTION OF PROPERTY: Street Address:	Notice of Commencement.	CKGIN LAK	clity Fl 37	P807
Legal Description: <u>CAVA Lot 5 Blod</u>	C N. PICCABILLY	TATE SIDUA	<u>vec)orlo 441</u>	346 M D 1134-106
2. GENERAL DESCRIPTION OF IMPROVEMENT	s): Copyonico	sningle, sin	isletam_	
3. OWNER INFORMATION: a.) Name Doco	othy Fedal	Address	195 SW 2	<u>xckGh.Lake</u> City 2024
c.) Fee Simple Titleholder (if other than owner) Name	a. N/A	Address		
4. CONTRACTOR: a.) Name MAC JOHNSON F				i i
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5. SURETY: a.) Name: NA				
b.) Amount of bond \$: N/A				
6. LENDER: a.) Name: N/A				
7. Persons within the State of Florida designated 713.13(1)(a) 7., Florida Statutes:				
a.) Name: N/A				
8. In addition to himself, Owner designates the f Florida Statutes.				
a.) Name: N/A	Address:		b) Ph	oue.
9. Expiration date of notice of commencement (t specified.) ONE YEAR FROM DATE RECORD	he expiration date is one ED	(1) year from the date (of recording unless a	different date is
WARNING TO OWNER: ANY PAYMENTS MAD GONSIDERED IMPROPER PAYMENTS UNDER (PAYING TWICE FOR IMPROVEMENTS TO YOU THE JOB SITE BEFORE THE FIRST INSPECT ATTORNEY BEFORE COMMENCING WORK OR	CHAPTER 713, PART I, S R PROPERTY A NOTIC TON. IF YOU INTEND I RECORDING YOUR NOT SIGNAL SIGNAL	ECTION 713.13, FLORI EE OF COMMENCEMEN O OBTAIN FINANCING ICE OF COMMENCEME	DA STATUTES, AND NT MUST BE RECOP G, CONSULT WITH ENT L L L L L L L L L L L L L	CAN RESULT IN YOUR RDED AND POSTED ON YOUR LENDER OR AN
	Signat	ory's Title/ Office		national contract of the Contr
The foregoing instrument was acknowledged before	ore me this Way of	SEPTEMBER	<i>3<13</i> (year) V <i>OTURN</i> (typ	full value and officer
by OHRIS COL	(name of person) as		behalf of whom Instru	e of authority, e.g. officer,
trustee, attorney in fact) for	19 120112	(Name of party on	Delian of Whom mand	mont has every
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Notary Public State of Flor Chris W Cox My Commission FF 02327 Expires 06/02/2017	74 Print,	ture of Notary Public – S Type, or Stamp Commis nission Number nally Known or Proc	sioned Name of Notar	y Public
Verification Pursuant to Section 92.525, Florida Statutes				
Under penalties of perjury, I declare that I hat bellef.	ve read the foregoing an	d that the facts stated	in it are true to the b	est of my knowledge and Laak