Inst. Number: 202312013001 Book: 1494 Page: 1838 Page 1 of 1 Date: 7/13/2023 Time: 8:15 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

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NOTICE OF COMMENCEMENT	Clerk's Off	fice Stamp
To Donal Island Control		M : M H : 수 생 4 k
ax Parcel Identification Number:		# B #
11-4S-16-02911-116		
HE UNDERSIGNED hereby gives notice that improvements with the Florida Statutes, the following information is provided		
Description of property (legal description): LOT 16 MAY-FAII	R S/D: 777-779, 777-781, 895-1804, 895-18	05, 1010-1482, DC 1447-291, LE 1447-292, D
a) Street (job) Address: 251 SW PILOTS WAY General description of improvements: Replace back and si	de doors size for size	
3. Owner Information or Lessee information if the Lessee con	tracted for the improvements:	j.
a) Name and address: Patricia Taylor 251 SW Pilots Way Lake b) Name and address of fee simple titleholder (if ot		
c) Interest in property owner	mer chan owner)	
 I. Contractor Information a) Name and address: <u>CJ Custom Carpentry Inc. 222 States</u> 	SW Cross Pointe Ct Lake City FL32024	
b) Telephone No.: 386-754-6924		-
5. Surety Information (if applicable, a copy of the payment bo	·	a ch
a) Name and address.		į.
c) Telephone No.: N/A		
. Lender a) Name and address: N/A		00 diccis
b) Phone No. N/A		sec: 10a
. Person within the State of Florida designated by Owner up	on whom notices or other document	s may be served as provided by Section
713.13(1)(a)7., Florida Statutes: a) Name and address:		
b) Telephone No.:		72.00
8. In addition to himself or herself, Owner designates the foll	lowing person to receive a copy of the	Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes: a) Name:	OF	
b) Telephone No.:		e e
 Expiration date of Notice of Commencement (the expiration is specified): 		of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE B' COMMENCEMENT ARE CONSIDERED IMPROPER FLORIDA STATUTES, AND CAN RESULT IN YOUR F NOTICE OF COMMENCEMENT MUST BE RECORD INSPECTION. IF YOU INTEND TO OBTAIN FINANCI COMMENCING WORK OR RECORDING YOUR NO	PAYMENTS UNDER CHAPTER 7 PAYING TWICE FOR IMPROVEN ED AND POSTED ON THE JOB S ING, CONSULT YOUR LENDER (713, PART I, SECTION 713.13, MENTS TO YOUR PROPERTY; A SITE BEFORE THE FIRST
	THE OF COMMENCENTERY.	^
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	stainia A Jan	16
Signature of Owner of	or Lessee, or Owner's or Lessee's Aut	orized Office/Director/Partner/Manag
	TRICIA A TAY	9
Printe	ed Name and Signatory's Title/Office	
		¥ 6
he foregoing instrument was acknowledged before me, by		3
his <u>25 ^{ul}</u> day of <u>50~5</u> , 20 33 .	by: Pagaicia Torca	as SULF
	(Name of Person)	(Type of Authority)
or Parnicia Taylor (name of party on behalf of whom instrument was execu	who is personally known 🗸	_ OR produced identification
(name of party on behalf of whom instrument was execu	_	THE WAS TO SELECT
	Туре	
011	I	Amanda Herrell
Notary Signature	Notary Stamp or Seal:	Notary Public
	1	State of Florida My Commission Expires 09/26/2025
	ļ	Commission No. FIH 154848