Inst. Number: 202412022438 Book: 1525 Page: 2549 Page 1 of 1 Date: 10/24/2024 Time: 4:00 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk	's Office Stamp
Tax Parcel Identification Number:		
33-3S-17-06409-000 (28545)		
THE UNDERSIGNED hereby gives notice that Improvement of the Florida Statutes, the following information is pro-		
1. Description of property (legal description): LOT 3 BLO a) Street (lob) Address: 244 SE ELOISE ST LAKE	CK 5 MORNINGSIDE HEIGHTS S/D. QC 1079-1581	, AFD 1162-1390, DC 1162-1397
2. General description of improvements: Window/ R		
3. Owner Information or Lessee Information if the Lesse a) Name and address: HARKENRIDER SHIRLEY 244 b) Name and address of fee simple titleholder c) Interest in propertyOWNEr	SE ELOISE ST LAKE CITY, FL 32025 (If other than owner)	
4. Contractor Information		
a) Name and address: West Shore Home, LLC b) Telephone No.: (904)242-8035		1333 TROOPOR DIVE SECREDIVING, PL 32216
Surety Information (if applicable, a copy of the payme a) Name and address:		
b) Amount of Bond;		
c) Telephone No.:	· · · · · · · · · · · · · · · · · · ·	
a) Name and address: b) Phone No ₁		
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.:	PROPERTY OF THE PROPERTY OF TH	
8. In addition to himself or herself, Owner designates the Section 713.13(I)(b), Florida Statutes: a) Name: b) Telephone No.:	OF	
 Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): 		
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.		
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Ow	ner or Lessee, or Owner's or Lessee's	Authorized Office/Director/Partner/Manager
Shirley Harkenrider Owner Printed Name and Signatory's Title/Office		
The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, a Florida Notary,		
this 24 day of OCTOBER, 20 2	SHIRLEY HARKENRIDE	R as OWNER
6	(Name of Person)	(Type of Authority)
for who is personally known OR produced identification X (name of party on behalf of whom instrument was executed) Type ID FL DL H625 79.9 47 635		
Notary Signature <u>Tatyana Franco</u>	(Notary Stamp or Seal)	Tatyana Franco Comm.: HH 434643 Expires: Aug. 17, 2027 Notary Public - State of Florida