Inst. Number: 202312005844 Book: 1487 Page: 2151 Page 1 of 1 Date: 4/6/2023 Time: 1:15 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:	
15.45.17.08359.118	
1)4011.00004.110	
of the Florida Statutes, the following information is pro-	
1. Description of property (legal description): 15.45.17.08359.118	
a) Street (job) Address: 183 SE GNC OYLY GILDN Lake CITY IC 37 625 2. General description of improvements: MLTCH	
3. Owner Information or Lessee information if the Lesse a) Name and address: Y CANY (IN) T b) Name and address of fee simple titleholder c) Interest in property	e contracted for the improvements: NOTOS 183 SEGNEGONG GLENN LACE CITY (if other than owner)
Contractor Information a) Name and address: Paul McDaniel	2230 SE Baya Dr. LAke City, FL 32025
b) Telephone No.: 386-752-4072 5. Surety Information (if applicable, a copy of the payment)	
a) Name and address:	
b) Amount of Bond: c) Telephone No.:	
6. Lender	
a) Name and address:b) Phone No	
7. Person within the State of Florida designated by Owr 713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): 9. Days	
COMMENCEMENT ARE CONSIDERED IMPRO- FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA	ner or Lessee or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Ow	hard tessed of owners of tessees suddivided offices of ectory rathers what agen
 Pr	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, a Florida Notary, this 5 day of 19pril , 2023, by:
CHNUN homes as Owner	for thority) (name of party on behalf of whom instrument was executed)
(Name of Persoh) (Type of Aut	thority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	Type
/ OC >/ .	\$*************************************
Notary Signature	Notary Stamp or Seal: Notary Public State of Florida Christy Gehr My Commission HN 1292-9