1090740

NOTICE OF COMMENCEMENT	Cierk's Office Stamp
Tax Parcel Identification Number:	
18-2S-16-01642-001	
of the Florida Statutes, the following information is pro The E	ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT. 601.67 FL OF E1/2 OF SW1/4, EX THE S 1921.04 FT. (AKA PARCEL A 67-903, 768-2355, 889-509, 895-2030
a) Street (job) Address: 500 NW Drea	mer Ln., White Springs, FL 32096
	rood shed
 b) Name and address of fee simple titleholde 	toche 500 NW Dreamer Ln., White Springs, FL 32096 r (if other than owner)
4. Contractor Information a) Name and address: Tuff Shed/Tom Sa	urey 700 Blanding Blvd Ste18 Orange Park, FL 32065
5. Surety Information (if applicable, a copy of the paym a) Name and address: <u>N/A</u>	
b) Amount of Bond: c) Telephone No.:	
6. Lender	
 b) Phone No 7. Person within the State of Florida designated by Own 	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13(I)(b), Florida Statutes:	he following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the ex is specified): 01/31/2021	piration date will be 1 year from the date of recording unless a different date
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	meni Roche x
Signature of Ov	vner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
P	Merri Roche rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	e, a Florida Notary, this 14th day of December 20 30 by:
(Name of Person) asas	for
Personally Known OR Produced Identification	● こうののかか、 MINDY HIGGINS 約
Notary Signature 4 the Physics	Notary Stamp or Seal: My Protect Motary Stamp or Seal: Commission # GG 356025 Expires July 17, 2023 Bonded Thru Troy Fair Insurance 830-385-7019