Inst. Number: 202312022138 Book: 1503 Page: 1159 Page 1 of 1 Date: 11/27/2023 Time: 9:25 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCES AFAIR	
NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
14-66 - 08/10 il 6	
16-55-17-00280-119	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description):	
a) Street (job) Address: 570 4:	w mandoba or Lake Ulto FL 32024
2. General description of improvements: 5 h o P	additory
3. Owner Information or Lessee information if the Lesse a) Name and address: Lelgy & A	e contracted for the improvements:
c) Interest in property <u>() while</u>	(if other than owner) 570 (wash and so)
a) Name and address: 54,47, C4	18 W dural Lake City FL 3 2055
a) Name and address:	•
c) Telephone No.:6. Lender	
a) Name and address:	
713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No.:	
8. In addition to himself or herself Owner designates the	- f-II
Section 713.13(I)(b), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the expires is specified):	iration date will be 1 year from the date of recording unless a different date
FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	JUM W.B
Signature of Owner	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
 Prin'	ted Name and Signatory's Title/Office
	G, C, C
	a Florida Notary, this day of _Septembe(_ 20_23_ by:
Tennifer Burton as Owner (Name of Person) (Type of Author)	ority) for Jennifur Bucton (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	· · · · · · · · · · · · · · · · · · ·
$dl_{00} \sim 0.0$	LIEATHER R CRAWFORD
Notary Signature W W W W W W W W W W W W W W W W W W W	Notary Stamp or Seal: Notary Public, State Of Florida Commission No. HH 268961 My Commission Expires: 6/19/2026