Inst. Number: 202412007472 Book: 1512 Page: 694 Page 1 of 1 Date: 4/11/2024 Time: 1:48 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-17-06817-000	
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 wided in this NOTICE OF COMMENCEMENT.
a) Street (job) Address: 196 SE En	10, 11 & W1/2 of Lot 12 Block 2 Odom Heights Add 1
2. General description of improvements:	rus, Doors
3. Owner information or Lessee information if the Lesse a) Name and address:   Car ( ~ard )   + Car   b) Name and address of fee simple titleholder	ondrick sum 5Mn
a) leterart is arosastic. Ou like 6.5	
4. Contractor Information a) Name and address: Peter Ca Fort	0, Po Box 621 497, Oriedo FL 32762
5. Surety information (if applicable, a copy of the payme a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	
a) Name and address:	
713 12/1\/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.:	
Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in
n) Name:h) Telephone No.:	OF
9. Expiration date of Notice of Commencement (the expire is specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROPRIES FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOINSPECTION. IF YOU INTEND TO OBTAIN FINAL COMMENCING WORK OR RECORDING YOUR	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 DRIED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE INOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA  10.	x Rough Churchen
	oner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	X RAYMOND ITENDRICKSEN
š	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	
this day of	(Name of Person) (Type of Authority)
(name of party on behalf of whom instrument was e	Type ID 1+536-72 4-43-469-0
	Etc.,
Notary Signature	(Notary Stamp or Seal) 2/3 HICHARD G. KAHLICH MY COMMISSION #HH130700 EXPRES: MAY 20, 2025 Bendert Hubert 1st State Insurance