NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst: 202412020265 Date: 09/18/2024 Time: 2:32PM Page 1 of 1 B: 1523 P: 2422, James M Swisher Jr, Clerk of Court Columbia, County, By: OA Deputy Clerk

EXPIRES: October 18, 2026

	s notice that improvements will be wing information is provided in thi		operty, and in accordance with Section 713.13	3
Description of property (legal Street (inh) Address	description): Lote # 2 of	2 Summer River I	Dewns Plat Book 5 Page 9/+	9/9
2. General description of improv	vements: MaNew Roof	2		
3. Owner Information or Lessee a) Name and address:	information if the Lessee contracts Stocked Lessee contracts of fee simple titleholder (if other ti	ed for the improvements	Die Cola Cityte	2 32 -
4. Contractor Information a) Name and address: b) Telephone No.:	Suples Dayles 360	4887-5055	- Lole City, Fl 32024	lhe
5. Surety Information (if applical	ble, a copy of the payment bond is	s attached):	- 16 City, 10 sec24	
b) Amount of Bond:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
c) Telephone No.:			_	
6. Lender		•		
	:			-
713.13(1)(a)7., Florida a) Name and address:	rida designated by Owner upon wl		cuments may be served as provided by Sectio	n
	1970m - X			
		g person to receive a copy	y of the Lienor's Notice as provided in	
Section 713.13(I)(b), FI		_		
	0			
Fxniration date of Notice of Co	ommencement (the expiration day	to will be 1 year from the	e date of recording unless a different date	
is specified):	on mencement (the expiration date	te will be I year from the	e date of recording offiess a different date	
COMMENCEMENT ARE CO FLORIDA STATUTES, AND (NOTICE OF COMMENCEM INSPECTION. IF YOU INTEN	ONSIDERED IMPROPER PAYN CAN RESULT IN YOUR PAYIN ENT MUST BE RECORDED AI ID TO OBTAIN FINANCING, RECORDING YOUR NOTICE	MENTS UNDER CHAP NG TWICE FOR IMPR ND POSTED ON THE CONSULT YOUR LEN OF COMMENCEMEN	E EXPIRATION OF THE NOTICE OF PTER 713, PART I, SECTION 713.13, OVEMENTS TO YOUR PROPERTY; A JOB SITE BEFORE THE FIRST IDER OR AN ATTORNEY BEFORE IT. 'S Authorized Office/Director/Partner/Manage	er
he foregoing instrument was ac	Printed Name	e and Signatory's Title/Off	ay of September 20 <u>24</u> by	
Stephen Dougla	S as Seif	for MI	A	y.
(Name of Person)	(Type of Authority)	(name of party	y on behalf of whom instrument was execute	d)
Personally Known OR Prod	duced Identification	FL DL		
Notary Signature Smyl	War	Notary Stamp	or Seal: EMALEIGH WA	