NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

18-7s-17-10021-016

Notary Signature

Clerk's Office Stamp

Inst: 202112017043 Date: 08/24/2021 Time: 11:58AM Page 1 of 1 B: 1445 P: 1826, James M Swisher Jr, Clerk of Court

LAURIE HODSON MY COMMISSION # GG 970026

EXPIRES: July 14, 2024
Bonded Thru Notary Public Underwriters

Columbia, County, By: VC

Deputy Clerk

| | | -pary CICIE | | |
|--|--|--|---|---|
| THE UNDERSIGNED hereby gives of the Florida Statutes, the follow | ing information is provided in this | NOTICE OF COMMEN | | with Section 713.13 |
| 1. Description of property (legal d | Bussey Glen Unre | corded Lot 6 | | |
| 1. Description of property (legal of | 188 SW River Rise Ct, Fort | White FL 32038 | | |
| General description of improve | ments: Single Family Dwelling | | | |
| 3. Owner Information or Lessee in | formation if the Lessee contracte | | | |
| 3. Owner Information or Lessee in a) Name and address: | David Flynn 188 SW River Rise | Ct, Fort White, FL 3 | 2038 | |
| b) Name and address of | fee simple titleholder (if other th | an owner) | | |
| | Owner | | ······ | |
| 4. Contractor Information a) Name and address: | Owner Builder | | | |
| b) Telephone No.: | | | | |
| 5. Surety Information (if applicable | | | | |
| | e, a copy of the payment bond is a | | | |
| b) Amount of Bond: | | | | |
| c) Telephone No.: | | | | |
| 6. Lender | | , | | |
| a) Name and address: | | | | |
| b) Phone No | | ····· | | |
| 7. Person within the State of Flori | | om notices or other do | cuments may be served as | provided by Section |
| 713.13(1)(a)7., Florida S | tatutes: | | | |
| | | | | |
| b) Telephone No.: | | | | |
| 8. In addition to himself or herself Section 713.13(I)(b), Flo | | person to receive a cop | py of the Lienor's Notice as | provided in |
| a) Name: | OF | | | |
| b) Telephone No.: | | | | |
| 9. Expiration date of Notice of Cor is specified): | mmencement (the expiration date | e will be 1 year from th | ne date of recording unless | a different date |
| WARNING TO OWNER: ANY COMMENCEMENT ARE CO! FLORIDA STATUTES, AND C NOTICE OF COMMENCEME INSPECTION. IF YOU INTEN! COMMENCING WORK OR R | NSIDERED IMPROPER PAYN AN RESULT IN YOUR PAYIN NT MUST BE RECORDED AN D TO OBTAIN FINANCING, C RECORDING YOUR NOTICE C | MENTS UNDER CHA G TWICE FOR IMPI ND POSTED ON THI CONSULT YOUR LEI OF COMMENCEME | PTER 713, PART I, SEC ROVEMENTS TO YOUR E JOB SITE BEFORE THI NDER OR AN ATTORNS | TION 713.13, LPROPERTY; A E FIRST |
| STATE OF FLORIDA | | 5 | | |
| COUNTY OF COLUMBIA | 10. | | | |
| | Signature of Owner or Lesse | e, or Owner's or Lesse | e's Authorized Office/Direct | tor/Partner/Manager |
| | David P Fly | 1 | | - |
| | Printed Name | and Signatory's Title/C |)ffice | |
| | Timeed Hame | Bild Signotory 3 vinere | , mee | |
| The foregoing instrument was ack | nowledged before me, a Florida N | lotary, this 24 | day of August | 20_21 by: |
| David Flynn | Owner | forSelf | | |
| (Name of Person) | as | for (name of par | rty on behalf of whom instru | ument was executed) |
| | (.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (o. por | -, 21 11110111 11261 | |
| Personally Known R Produ | uced Identification Type | | | |

Notary Stamp or