Inst. Number: 202412016537 Book: 1520 Page: 1205 Page 1 of 1 Date: 7/31/2024 Time: 3:36 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:	
23-35-16-02272-013	
THE UNDERSIGNED hereby gives notice that improveme	ents will be made to certain real property, and in accordance with Section 713.13
of the Florida Statutes, the following information is pro-	ام ا
1. Description of property (legal description): Lot- a) Street (job) Address: 250 NW F 2. General description of improvements: 100 CU	tubum Place Lake City. FL 32055
·	J 1
 b) Name and address of feg-simple titleholder 	e contracted for the improvements: 250 NW AUDUMN PL., Lake City, FL 32055 (if other than owner)
c) Interest in property 4. Contractor Information	T - MAINT CL LOUI CL MI ADOFT
a) Name and address: SUSON L	Fraze, 346 NW Try Gln, Lake City, Fl 32055
Surety Information (if applicable, a copy of the payment)	ent bond is attached):
a) Name and address:	
c) Telephone No.:	
6. Lender a) Name and address: Name	
b) Phone No.	
713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
8. In addition to himself or herself, Owner designates th 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 expiration specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROI FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	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 DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Ow	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
*****	Donald Davis, bwher inted Name and Signatory's Title/Office
Pi	
The foregoing instrument was acknowledged before me	
(Name of Person) (Type of Aut	hority) for (name of party on behalf of whom instrument was executed)
Personally Known V OR Produced Identification	Type
Notary Signature Ausah &	SUSAN LEE FRAZE Notary Public State of Florida One of Huldaries

Expires 12/16/2027