NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
28-3S-17-05795-000	
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-	
Description of property (legal description): LOT 7 E a) Street (job) Address: 185 NE LABELLE TERR	ACE LAKE CITY, FL 32055
2. General description of improvements: Shingle Re-Ro	
Owner Information or Lessee information if the Lesse a) Name and address: CHARLIE TOMLIN 185 I	
b) Name and address of fee simple titleholder	(if other than owner) N/A
c) Interest in property NA 4. Contractor Information	
a) Name and address: Lewis Walker Roofing	1118 S Marion Ave Lake City, FL 32025
b) Telephone No.: 866-959-7663 5. Surety Information (if applicable, a copy of the payments)	ent bond is attached):
1) A + 5 D 1 N/A	
c) Telephone No.: N/A	
6. Lender a) Name and address: N/A	
b) Phone No. N/A	
 Person within the State of Florida designated by Own 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: N/A	
b) Telephone No.: N/A	
	e following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes: a) Name: N/A	OF N/A
b) Telephone No.: N/A	
 Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): 	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10	oner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Objective Templies
-	Charlie Tomlin
· ·	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, by means of physical presence or online notarization, a Florida Notary,
this 22 day of August 2023	5 by: Charlie Tomlin as aunily (Name of Person) (Type of Authority)
for Charlie Torning	
Notary Signature John Haust	(Notary Stamp or Seal) SOPHIA HOUSTON at 12 202 MY COMMISSION # HH 691165 EXPIRES: July 5, 2029