Inst. Number: 202412026008 Book: 1528 Page: 2413 Page 1 of 1 Date: 12/5/2024 Time: 1:56 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:		
10-4\$-16-02853-262		
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.	
1. Description of property (legal description): Lot 12 E		
a) Street (job) Address: 167 SW Derek Gln., Lake 2. General description of improvements: Re-roof	e City, FL 32024	
3. Owner Information or Lessee information if the Lesse a) Name and address: <u>Marjorie Register</u>	ee contracted for the improvements: r (if other than owner)	
c) Interest in property Owner	r (if other than owner)	
Contractor Information a) Name and address: Energy Roofing Technology SE	E, LLC 562 NW Orange St. , Lake City, FL 32055	
b) Telephone No.: 855-766-3852 5. Surety Information (if applicable, a copy of the payment)		
a) Name and address:		
c) Telephone No.:		
6. Lender a) Name and address:		
b) Phone No		
713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section	
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 OF	
	piration date will be 1 year from the date of recording unless a different date	
WARNING TO OWNER: ANY PAYMENTS MAD COMMENCEMENT ARE CONSIDERED IMPROFILED 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	
STATE OF FLORIDA	Maria: Reaister	Florida 664 7, 2027
COUNTY OF COLUMBIA 10. X Signature of Ow	Maryonic Register vner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	AIELLO State of # HH 437 es Aug 2
	X MARJORIE REGISTER, OWNER	KRISTIN Public - nission : n. Expir
F	Printed Name and Signatory's Title/Office	otary Comr Comr
	e, by means of physical presence or online notarization, a Florida Notary,	Z X papuo
	H, by: Marjorie Register as Owner (Name of Person) (Type of Authority)	
for Navioric Register (name objarty on behalf of whom instrument was e		
	Type ID FLDL P223-540-35-	5650
Notary Signature Kristin Aecllo	KRISTIN AIELLO Notary Stamp or Seal) (Notary Public - State of Florida Commission # HH 487664ted 1.2/2023 My Comm. Expires Aug 27, 2027 Bonded through National Notary Assn.	3