Inst. Number: 202312005215 Book: 1487 Page: 488 Page 1 of 1 Date: 3/28/2023 Time: 11:15 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT	
	County Clerk's Office Stamp or Seal
Tax Parcel Identification Number05-6S-16-037	/7-002 (19231)
THE UNDERSIGNED hereby gives notice that improvem following information is provided in this NOTICE OF CO	ents will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the DMMENCEMENT.
1 Description of property (legal description) THE S 523 67 FT OF SE1/4 OF SW1/4 & THAT PAR OF SE1/4 EX S 40 FT FOR RD R/W (AKA LOTS 6 8	T OF S 523 67 FT OF SW1/4 OF SE1/4 AS LIES W OF A DIRT RD RUNNING NWLY THRU SW1/4 k 7 ODOM ICHETUCKNEE FARM S/D UNR) ORB 648-520, 749-001, 857-149.
a) Street (job) Address. 6855 SW HFRLONG ST, F	T WHITE, 13 32038
2 General description of improvements: <u>RF-ROO</u>	<u>F</u>
3. Owner Information Name and address <u>JOHN & SANDRA WARR, 6855 SW</u>	HERLONG ST. FT. WHITL, FL 32038
Name and address of fee simple titleholder (if other than o	wner)
a) Interest in property	
4. Contractor Information	
	°o , PO Box 2166, Lake City FL 32056 Fax No (Opt.)386-755-0240
5. Surety Information	
a) Name and addressN/A	
b) Amount of Bond.	Fax No (Opt)
6 Lender	tax No (Opt.)
a) Name and addressN/A	
7. Identity of person within the State of Florida designated	by owner upon whom notices or other documents may be served
a) Name and address,N/A	Fax No. (Opt.)
b) Telephone No	Fax No. (Opt.)
8 In addition to himself, owner designates the following p	erson to receive a copy of the Lienor's Notice as provided in Section 713.13(i)(b). Florida Statutes
a) Name and address:N/A	Fax No. (Opt.)
b) Telephone No	Fax No. (Opt.)
	ation date is one 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 PAYMEN STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR COMMENCEMENT MUST BE RECORDED AND POSTED ON	ITS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA
STATE OF FLORIDA	/
COLUMN OF COLUMN	or Owner's Authorized Office/Director Pariner/Manager
Signature of Owner	or Owner's Authorized Office/Director Partner/Manager
Print Name	L LI VOGIT
The foregoing instrument was acknowledged before me, a Florida Not	ary, this 27 th day of March 20 23 by
T 1	(type of authority, e.g. officer, trustee, attorney
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification Type F	MAREN O. GRUFFIS Notary Public - State of Florida
Notary Signature Common Signature	Notary Stamp or Seal Notary Assa.
11 Verification pursuant to Section 92 525 Florida Statutes 9	Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of
my knowledge and belief	a hum
Signature of	Natural Person Signing (in line #10 above)