Inst. Number: 202112022658 Book: 1451 Page: 2593 Page 1 of 1 Date: 11/8/2021 Time: 12:28 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:	
03.48.17.07549.000	
of the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description):	Liewellyn the Late City 32025
2. General description of improvements:	hirge!
3. Owner Information or Lessee information if the Less a) Name and address: b) Name and address of fee simple titleholde c) Interest in property	ee contracted for the improvements: 201-6 108-7 SE LIQUEILIN AVE Lake CHY 3707 Ser (if other than owner)
4. Contractor information	2230 SE Bayo Dr. LAke City, Ft 32025
b) Telephone No.: 388-752-4072	
5. Surety Information (if applicable, a copy of the payn	nent bond is attached):
a) Name and address:	
c) Telephone No.:	
6. Lender	
a) Name and address:	
7. Person within the State of Florida designated by Ow	mer upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
8. In addition to himself or herself, Owner designates Section 713.13(I)(b), Florida Statutes;	the following person to receive a copy of the Lienor's Notice as provided in
a) Name:	OF
b) Telephone No.:	and the state of t
	expiration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOUR TOUCH OF COMMENCEMENT MUST BE RE-	ADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, OUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IR NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	March Drove
COUNTY OF COLUMBIA	Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of C	$\sim D / M \sim M / M$
`	Kichard W- Poote
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged before Bohord Pool e as Owner	for
(Name of Person) (Type of I	Authority) (name of party on behalf of whom Instrument was executed)
Personally Known OR Produced Identification	Type
Notary Signature	Notary Stamp or Seal: Notary Public State of Florida Christy Gehr