



Electronically Certified Official Record

DOCUMENT INFORMATION

Agency Name:	Columbia County Clerk of the Circuit Court and Comptroller
Clerk of the Circuit Court:	The Honorable James M. Swisher, Jr.
Date Issued:	11/18/2024 5:45:14 PM
Unique Reference Number:	BAA-DAAB-BCACD-CACEBCACEGIF-EBFJGE-J
Instrument Number:	202412024685
Requesting Party Code:	3001
Requesting Party Reference:	30C871AF-35CE-699F-458C-1DD29BD95D8B-SF

CERTIFICATION

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable James M. Swisher, Jr., Columbia County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of the Columbia County Clerk of the Circuit Court and Comptroller. The document may have redactions as required by law.

HOW TO VERIFY THIS DOCUMENT

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting <https://Verify.Clerkecertify.com/VerifyImage>.

**The web address shown above contains an embedded link to the verification page for this particular document.



NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

27-65-17-09784-128 (3606A)

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Description of property (legal description): Lot 28 Shadow Wood S/D Unit 2
a) Street (job) Address: 208 SE Misty Glen Lake City FL 32024
2. General description of improvements: Re roof Metal to Metal
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Shannon Sholar 208 SE Misty Glen Lake City FL 32024
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property: Primary Residence
4. Contractor Information
a) Name and address: Triton Roofing and Restoration 450 SR 13 N. Ste 106 32259
b) Telephone No.: 904-619-8212
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address:
b) Phone No.:
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes:
a) Name and address:
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: OF
b) Telephone No.:
9. 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. Shannon Sholar
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, a Florida Notary,
this 18th day of November, 2024, by: Shannon Sholar as _____ (Type of Authority)

for _____ (name of party on behalf of whom instrument was executed) ☐ OR produced identification ☒

Notary Signature

[Signature]

