Inst. Number: 202512014299 Book: 1543 Page: 155 Page 1 of 1 Date: 6/23/2025 Time: 9:38 AM 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:	
18-45-17-08467-017	
of the Florida Statutes, the following information is pro	
1. Description of property (legal description): 18-45 a) Street (job) Address: 214 Sw Bo	-17-08467-017 Century Estates Lot 15 oderick Dr. Lake City FL 32025
2. General description of improvements: Shing	e re-roof
3. Owner Information or Lessee information if the Less a) Name and address: Julic (JV) b) Name and address of fee simple titleholde	Morris 216 SW Broderick Or. Lake C. ty, FL or (if other than owner)
c) Interest in property OWNEC	
4. Contractor Information  a) Name and address: \( \subseteq \colon \lambda \l	succi 268 SE Press Ruth Dr. Lake City, FL 32025
5. Surety Information (if applicable, a copy of the payma) Name and address:	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	<del></del>
a) Name and address: M/A	
b) Phone No	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Stally(tes:	
a) Name and address: /V// 1 b) Telephone No.:	
8. In addition to himself or herself, Owner designates t Section 713.13(N/b), Florida Statutes:	he following person to receive a copy of the Lienor's Notice as provided in
a) Name: ////	OF
b) Telephone No.:	
Expiration date of Notice of Commencement (the exist specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC	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 ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE IN NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	MADDIC
COUNTY OF COLUMBIA 19 Signature of Ow	rner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	TD MORRIS Julie Diane Morris inted Name and Signatory's Title/Office
	,
The foregoing instrument was acknowledged before me	e, a Florida Notary, this 19th day of June 2025 by:
TO Morris as OWN- (Name of Person) (Type of Aut	C for .
(Name of Person) (Type of Aut	thority) for
Personally KnownOR Produced Identification	
Notary Signature San J- Cul	DANIEL J. CARLLICCI MY COMMISSION #HH572186 EXPIRES: JUL 28, 2028
• /	Bonded through 1st State Insurance