Prepared by: Travis Lamonda Address: 144 SW Waterford Ct # 107, Lake City, FL 32025 STATE: \_FLORIDA\_ COUNTY: \_COLUMBIA\_

IINF	EDSIGNED barabu giyar na		mmencement t will be made to certain real property, and in accordance with	
			vided in this Notice Of Commencement.	
1.	Description of property: (legal description of property, and street address if available) LOT 4 BLOCK A OF TROY PINES SUBDIVISON			
2.	General description of improvement: ROOF REPAIR			
3.	Owner Information a. Name and Address: b. Interest in Property: c. Name and address of fe	Name and Address: JANICE S. GARLAND, 214 SW OCALA WAY, LAKE CITY, FL 32025		
4.	Contractor:			
	a. Name and Address: b. Phone Number:	Eric Ehrlund – Restor 1-888-214-2322	ation Specialists - 244 NW 9th Street, Ocala, Fl 34475	
5.	Surety a. Name and Address: b. Amount of bond \$ c. Phone Number:	N/A N/A N/A	net 201212015478 Date: 10/17/2012 Time: 10:48 AM DC,P, DetVitt Cason, Columbia County Page 1 of 1 8:1243 P:601	
6.	Lender			
٥.	a. Name and Address: b. Phone Number:	N/A N/A		
7.	Person within the State of I provided by Section 713.13 a. Name and Address: b. Phone Number:	(1)(a)7.,Florida Statutes	ner upon whom notices or other documents may be served as ation Specialists - 244 NW 9th Street, Ocala, FI 34475	
8.	In addition to himself, Owner designates the following person(s) to receive a copy of the Llenor's Notice as provided			
_	In Section 713.13(1)(b), Florida Statutes  Name and Address: Eric Ehrlund – Restoration Specialists - 244 NW 9th Street, Ocala, Fl 34475			
a. b.	Name and Address: Phone Number:	1-888-214-2322	ation Specialists - 244 NW 9 Street, Ocala, F1 344/3	
c.	Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified)			
SIDER CE FO ORE T	OR IMPROPER PAYMENTS HARE	R CHAPTER 713, PART 1, SECT PERTY. A NOTICE OF COMM TEND TO OBTAIN FINANCING UR NOTICE OF COMMENCEM	HE EXPIRATION DATE OF THE NOTICE OF COMMENCEMENT ARE TION 713.13, FLORIDA STATUES, AND CAN RESULT IN YOUR PAYING ENCEMENT MUST BE RECORDED AND POSSED ON THE 10B SITE 1, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE 1ENT.  Mature of Owner or Owner's Officer/Director/Pariner/Manager	
	Signatory's Title/Office  The foregoing instrument was acknowledged before me this 16 th day of 0 CTobel, 2017 (year) by  JANICE 5, CARLAND (name of person) as OWNER (type of authority, e.g.			
	officer, trustee, attorney in instrument was executed).	fact) for Janice	SCARLAND (name of party on behalf of whom	
	NOTARY PUBLIC-STATE OF Gregory D. Commission # Expires: JUN BONDED THRU ATLANTIC BON	DD997078	Signature of Notary Public - State of Florida Print, Type, or Stamp Commissioned Name of Notary Public Commission Number Personally Known Drivers License # FL DL#	
	Ve		tion 92.525, Florida Statutes	
( 1 <u>0</u> 0	1129 1 PO 2010 SANDO VIV. AN	N 00000 0000		
er Pe	nalties of perjury, I declare t e and belief.	nat I have read the forego	oing and that the facts stated in it are true to he best of my	

Und kno Signature of Natural Person Signing Above