63919

Printed or Stamped Commissioned Name of Notary Public

Inst: 202412007422 Date: 04/11/2024 Time: 12:09PM
Page 1 of 1 B: 1512 P: 527, James M Swisher Jr, Clerk of Court
Columbia, County, By: VC

NOTICE OF COMMENCEMENT		
Sta	te of Florida	Permit Number: 43919
county of COLUMBIA Tax		Folio or Parcel Number: 03-4S-17-07506-000
The	undersigned hereby gives notice that improvement will be made to celeving information is provided in this Notice of Commencement.	tain real property, and in accordance with Chapter 713, Florida Statutes, the
1.	Description of Property (a complete legal description or parcel number; and a complete street address with city/state/zip code, if available): 321 SE Country Club Rd Lake City	
2. 3.	General Description of Improvement: Metal roof layover Owner Information: a. Name: Mical Anderson b. Address: 821 SE Country Club Rd c. Interest in Property: 50/50 d. Name and Address of Fee Simple Title Holder (if different from	
4.	Contractor Information: a. Name: EHS Construction Services LLC	Phone Number: 863-943-4119
5.	b. Address: 403 N. Church Ave Surety Information:	city/State/Zip Code: Mulberry FI 33860
	a. Name:	Phone Number:
b. Address:City/State/		
c. Bond Amount: \$		
•		Phone Number:
	집 전 집 합	
7.	 b. Address: City/State/Zip Code: 7. Persons within the State of Florida Designated by Owner upon whom notices or other documents may be served as prov. Section 713.13(1)(a)7., Florida Statutes: 	
8. 9.	713.13(1)(b) Florida Statutes: Name/Address/Phone Number:	
PAY	ISIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I ING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE	FTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE SECTION 713,13, FLORIDA STATUTES, AND CAN RESULT IN YOUR OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB INANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE SENT.
Und beli	er penalties of perjury, I declare that I have read the foregoin ef (Section 92.525, Florida Statutes).	g and that the facts in it are true to the best of my knowledge and
	ature of Owner or Lessee, or Owner's or Lessee's Authorized er/Director/Partner/Manager	Printed Name
Stat	e of Florida, County of Wembig, County of	Company Name and Title Sworn to (or affirmed) and subscribed before me, by means of to
V	ersonally known, or produced identification with type of identification	Commission # HH 065171 Expires November 18, 2024 Bonded Thru Budget Netary Services