Inst. Number: 202112018336 Book: 1446 Page: 2774 Page 1 of 1 Date: 9/13/2021 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:	
28-3S-16-02372-237 (9021)	
of the Florida Statutes, the following information is pro-	
1. Description of property (legal description): LOT 37 EME	ERALD LAKES PHASE 2. 835-1442, 835-1444, 966-1666, WD 1005-2846, WD 1276-352, WD 1362-2670, 1362-2670,
a) Street (job) Address: 122 NW CROWN JEWEL GLI 2. General description of improvements:	N
, , ,	
Owner Information or Lessee information if the Lesse     Name and address; SHARMA PRANISH SHARMA G	SERALDINE 122 NW CROWN JEWEL GLN LAKE CITY, FL 32055
<ul> <li>b) Name and address of fee simple titleholder</li> </ul>	r (if other than owner)
c) Interest in property	
a) Name and address: TMT Roofing LLC 295 NW Com	mons Lp Ste 115-315 Lake City, FL 32055
b) Telephone No.: 352-888-4678	
5. Surety Information (if applicable, a copy of the paym	ent bond is attached):
b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
h) Phone No	
7. Person within the State of Florida designated by Owr	ner 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	he following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	OF
a) Name: b) Telephone No.:	
is specified):	
COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IUR 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 R NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
SOUNTY OF COLUMNIA	oner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Ow	<b>-</b>
<u> </u>	ranish Sharma
Pr	inted Name and Signatory's Title/Office
	e, a Florida Notary, this 8 day of September 2021 by:
Manish Shama as OWN	for
(Name of Person) (Type of Aut	hority) (name of party on behalf of whom instrument was executed)
Personally Known OR Produced Identification	Туре
$\frac{1}{1}$	
X at least	Notary Stamp or Seal: Notary Public State of Florida
Notary Signature	Notary Public State of Florida Ketelynn Hickman
V	My Commission HH 143418 Expires 06/17/2025