NOTICE OF COMMENCEMENT

REVISED 7-1-07

This instrument Prepared By: Name: LG 116 09165	
Address: 505 9011Kist BWd LIVE ONK Permit No:	Inst: 202312011983 Date: 06/26/2023 Time: 2:40PM Page 1 of 1 B: 1493 P: 1662, James M Swisher Jr, Clerk of Court
Tax Follo No: 465 - 481-578	Columbia, County, By: VC 1/
STATE OF: EL	Deputy Clerk
COUNTY OF: SUVAME	
THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain in Statutes, the following information is provided in this Notice of Commencement.	
1. DESCRIPTION OF PROPERTY: Street Address: 302-5W Cott	age gien lake ciry FL
Legal Description: 03-45-16-02749-003	
3. OWNER INFORMATION: a.) Name: DOVID WAYNE NOTICELL b.) Interest in Property: OVALE	Address: 2125W COTTOBE SIEN LOWEC'TH
c.) Fee Simple Titleholder (if other than owner) Name:	Address:
4. CONTRACTOR: a.) Name: Kobel + 09(e) Address: 505 S. SURETY: a.) Name: Address	AND THE CONTROL OF TH
b.) Amount of bond \$: Address	
6. LENDER: a.) Name:Address:	b.) Phone:
7. Persons within the State of Fiorida 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:Address:	b.) Phone:
8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.	
a.) Name:Address	b.) Phone:
9. Expiration date of notice of commencement (the expiration date is one (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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
15	. —————————————————————————————————————
Signature of Owner of Partner/Manager	Owner Authorized Officer/Director
	Menteraloc
Signatory's Title/ Office COY HYCCLOY	
The foregoing instrument was acknowledged before me this 3 day of CONC 3 (year)	
by ATTHE CALL (name of person) as CITH	Cto (type of authority, e.g. officer,
trustee, attorney in fact) for LOCAL MILE (name of	party on behalf of whom instrument was executed).
AMITY SHAW Notary Public	().
State of Florida	i Xm. I
Comm# HH334319 Signature of Notiny P	blic State of Florida
Continuation (14th 14th 14th 14th 14th 14th 14th 14th	Commissioned Name of Notary Public or Produced Identification
Verification Pursuant to Section 92,525, Florida Statutes	
Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and	
belief.	
Signature of Mentical Person Signing Above	