Inst. Number: 202412024434 Book: 1527 Page: 1407 Page 1 of 1 Date: 11/14/2024 Time: 2:42 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

Fax Parcel Identification Number.	
of the Florida Statutes, the following information is: COMM SV 1. Elescription of property flegal description (520:28 FT 2) Street flood Address: 7. 14 \$\frac{3}{2}\$	errents will be made to certain real property, and in accordance with Society 77.3.1.2 provided in this NOTICE OF COMMENCEMENT W COR SW1/4 OF SE1/4 OF SEC 30, N 527.14 FT, N 625.37 FT TO POB. N 163.96 FT, CONT N 356.32 FT, E 808 FT, W 30 FT, W 808 FT TO POB. (AKA LOT 29 HILLS OF FORT WHITE S/D UNREC) WD 1399-24,
 b) Name and address of fee simple titleho 	dier (d other chan gener)
f. Contractor Information a) Name and address: BRIAN SU-EVI b) Telephone No. 2397763680	ICH GREEN COAST EXTERIORS LLC 5720 ZIP DIRVE FT MYERS, FL 33995
b) Amount of Bond: c) Telephone Nu.	
6 Lender a) Name and address Free (b) Phone No.	Margage Carposation
719.13(1)(a)7. Horida Statutes:	Owner upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes:	es the following person to receive a copy of the Lienar's Notice as provided in
9 Expiration date of Notice of Commencement (the	e expiration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS IN COMMENCEMENT ARE CONSIDERED IMPERORIDA STATUTES, AND CAN RESULT IN NOTICE OF COMMENCEMENT MUST BE FURSPECTION. IF YOU INTEND TO OBTAIN FOR COMMENCING WORK OR RECORDING YOU	MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713-13, I YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY, A RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA COUNTY OF COLUMBIA 10 Signature o	o. Walf Julius of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Printed Name and Signatory's Title/Office
The foregoing instrument was acknowledged befor	re me, a Florida Notary, this 14TH day of NOV 20 24 by:
	ER for N/A of Authority) (name of party on behalf of whom instrument was axecuted)
(Name of Person) (Type o	E V prior 1 g V - V