Inst. Number: 202212012623 Book: 1469 Page: 2560 Page 1 of 1 Date: 6/29/2022 Time: 10:18 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:	ii a
12-3S-15-00167-206 (522)	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is pro-	ents will be made to certain reat property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
Description of property (legal description): Lot 6 Blk A     Street (job) Address: 352 NW Indian Po	Oakhaven S/D Unit 2 856-1017 PB 1452-327 DC 1453-394 PR 1460-1845 nd Ct Lake City Ft 32055
2. General description of improvements: re roof	
<ul> <li>b) Name and address of fee simple titleholder</li> </ul>	e contracted for the improvements: / Indian Pond Ct Lake City FI 32055 (if other than owner) NA
Contractor information     A) Name and address: Lewis Walker Roo	fing Inc P.O. Box 2147 Lake City Fl 32056
b) Telephone No.: <u>.866.959.7663</u> S. Surety Information (if applicable, a copy of the payma) Name and address: NA	
b) Amount of Bond: c) Telephone No.:	
6. Lender	
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes: a) Name and address: b) Telephone No.:	ner upon whom notices or other documents may be served as provided by Section
m	OF
b) Telephone No.:	A build of Milliams from a from a manage amount a management and a million of a graph of purp.  Million of the
	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFLORIDA STATUTES, AND CAN RESULT IN YOUNGTICE OF COMMENCEMENT MUST BE REC	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF IPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IPER 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 COUNTY OF COLUMBIA Signature of Di	way or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
p	Ryan Kline owner rinted Name and Signatory's Title/Office
2	00 + 01
The foregoing instrument was acknowledged before m	ie, a Florida Notary, this dy day of June 2000, by:
Ryan Kline as OW/ (Name of Person) (Type of A)	for Ry GA (C) in the control of the
Personally Known OR Produced Identification	Type / LOC BARBARA JOHNSTON
Notary Signature Darbara 40	Wotary Stamp or Seal: Commission & GG 30813  Expires May 6, 2023  Expires May 6, 2023  Expires May 6, 2023  Expires May 6, 2023