Pe	ermit Number: olio/Parcel ID #:1 <u>1-7S-17-09983-006 (37132)</u>				
Fo	olio/Parcel ID #:1 <u>1-7S-17-09983-006 (37132)</u>				
Pre	repared by:				
Re	eturn to:				
Sta	tate of Florida				
	he undersigned hereby gives notice that improvement will be made	to certain real property, and in accordance			
wit	ith Chapter 713, Florida Statutes, the following information is provid	led in this Notice of Commencement.			
1.	. Description of property (legal description of the property, and st	reet address if available)			
	S1/2 OF LOT 14 BICENTENNIAL ACRES S/D UNIT 1. 799-378, 834-2168, 85	3-1204, 854-1727, FJ 969-1579, 981-1149, W			
	General description of improvement Removing Shingle / Repalcing with shingle				
3.	Owner information or Lessee information if the Lessee contracted for the improvement				
	Name Hans Shanks				
	Address1274 SE Adams Street, High Springs, FL 32643	<u> </u>			
	Interest in Property Owner				
	Name and address of fee simple titleholder (if different from Owner listed above)				
	Name				
	Address				
4.	Contractor	Tolophono Number (252) 472 2228			
	Name <u>Worthmann LLC</u>	Telephone Number (352) 472-3228			
F	Address <u>17810 US-441 South, High Springs, FL 32643</u> Surety (if applicable, a copy of the payment bond is attached)				
5.	Name	Telephone Number			
	Address	Amount of Bond \$			
c	Lender				
0.	Name	Telephone Number			
	Address				
7	Persons within the State of Florida designated by Owner upo	on whom notices or other documents may			
1.	be served as provided by §713.13(1)(a)7, Florida Statutes.				
	Name	Telephone Number			
	Address				
8.		ving to receive a copy of the Lienor's			
0.	Notice as provided in 8713 13(1)(b) Florida Statutes				
	Name	Telephone Number			
	Address				
9.		ate will be 1 year from the date of recording			
0.	unless a different date is specified)				
	NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATIONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION IT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOR RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF Y YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECOM	I 713.13, FLORIDA STATUTES, AND CAN DTICE OF COMMENCEMENT MUST BE OU INTEND TO OBTAIN FINANCING, CONSULT			
<u>ې_</u> د	-Signed by Hans Shanks	40/00/0004			
	ure of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/				
tur	ure of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/	wanager Signatory's Hite/Office			

The f	foregoing instrument was acknowledged before me	, thiso	1 day of OTC/2071by Hans Shanks
as	Owner	for	month/year name of person
	Type of authority, e.g., officer, trustee, attorney in fact	_	Name of party on behalf of whom instrument was executed
	Donnahauss		Donna Davis
	Signature of Notary Public – State of Florida		Print, type, or stamp commissioned name of Notary Public
	Personally KnownOR Produced ID _/ Type of ID Produced _ D L		DONNA M. DAVIS Notary Public

Notary Public State of Florida Comm# HH177802

Expires 9/22/2025

DL # 5520-336-59-281-0

Form content revised: 01/23/14