Inst. Number: 202412008410 Book: 1513 Page: 143 Page 1 of 1 Date: 4/24/2024 Time: 8:18 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:	
30-3S-16-02411-011 (9473)	
	Ints will be made to certain real property, and in accordance with Section 713.13 rided in this NOTICE OF COMMENCEMENT. SW COR OF SEC, E 1068.20 FT, N31-27-19W 694.68 FT, FOR POB, N42-54-28W 225.98 FT 9E 196 FT, S42-54-58E 225.98 FT, S58-03-19W 196 FT TO POB. 1009-2656, 1012-1554
a) Street (job) Address: 343 SW HUNTER	RD, LAKE CITY
2. General description of improvements: Shingle Re	e-roof
Owner Information or Lessee information if the Lessee Name and address: MACLAREN DONA	ALD E SR 343 SW HUNTER RD LAKE CITY EL 32024
b) Name and address of fee simple titleholder (if other than owner) c) Interest in property	
4. Contractor Information	
a) Name and address: TMT Roofing LLC 295	NW Commons Lp Ste 115-315 Lake City FL 32024
b) Telephone No.: 352-888-4676 5. Surety Information (if applicable, a copy of the payme	
a) Name and address:	
c) Telephone No.:	
a) Name and address:	
7. Person within the State of Florida designated by Owne 713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No.:	
Section /13.13(I)(b), Florida Statutes:	following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:	OF
	ration date will be 1 year from the date of recording unless a different date.
FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF ER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A RDED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	105 May - 38
COUNTY OF COLUMBIA 10.	and a Colombia
Alyssa Miller My Commission HH 312322	er or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Expires 9/14/2026 Prin	ted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me, a DDNald E. Maclayun as Dwynd	for
(Name of Person) OR Produced Identification OR Produced Identification	ority) (name of party on behalf of whom instrument was executed) Type FL DL
Notary Signature Allynd	Notary Public State of Florida Alyssa Miller My Commission He 312322 Expires 9-14-2026