NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
10-55-16-03524-003 (17341)	· ·
THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMERCEMENT.	
1. Description of property flegal description): (Cry. M. Cor. of S.E. X., R. o. E 1312.54 FT TO ( R/W S.R.47, R.B.W. a. long R.W.200FT  a) Street flob) Address: \$ 332 50 5R 47, long City, ld 32024 (G. PDB, Co45W 251, 77FT M. 16375 FT, NG)  2. General description of improvements: Shaple Rest (207:59FT G. 207:NFT T. POB BRB 660 217, 660-631)	
3. Owner information or Lessee information if the Lesse  n) Name and address: Tours, Tokyon R	(462-101-710-713-UP 1112-391 WD 1103-458-06 1277-7368)
<ul> <li>b) Name and address of fee simple titleholde</li> </ul>	r (if other than owner) ALM
4. Contractor Information	
a) Name and address: W: IC: AA O.	Defficial /4566 NW 5th Blod, Ste Z. Games, Ne. 8 32600
b) Telephone No.: 352-375-70	
5. Surety information (if applicable, a copy of the paym a) Name and address:	ent bond is attached):
b) Amount of Bond: /V/A	
c) Telephone No.:	
6. Lender a) Name and address: NA	
b) Phone No. A/A	
	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes; a) Name and address:	
b) Telephone No.:	
· / / / / / / / / / / / / / / / / / / /	
	he following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	
a) Name:	OF
o) sereprese tres	
Expiration date of Notice of Commencement (the expiration date will be 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10.	200
Signatura of Ow	iner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	Justina Dails Home owner
. Pr	Inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, a Florida Notary, this 20 day of Om - 20 22 hy:
L. I. O O Tom	s, a Provide Nation y, this
(Name of Person) as Nome of Person) (Typegof Au	thority) to: (name of party on behalf of whom instrument was executed)
Personally Known OR Residuced Identification	Type D120-436-91-441-0
Notary Signature Debarration &	Notary Stamp or Seal:  Notary Public State of Flonds Det or an D Yasko My Commission GG 202781
- /	Expres 04/18/2022