Inst. Number: 202412022310 Book: 1525 Page: 2267 Page 1 of 1 Date: 10/23/2024 Time: 3:39 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

Prepared By - Return To: Covenant Roofing and Construction 4590 CR 218 Middleburg, Fl. 32068	
PERMIT NUMBER: NOTIC	E OF COMMENCEMENT
following information is provided in this Notice of Commencement. 1. DESCRIPTION OF PROPERTY a Tay Parcel No. Required.	to certain real property, and in accordance with Chapter 713, Florida Statutes, the nired: 19-25-16-01654-029 b. Full Legal Description Required: 028 777-1413, 781-1354, WD
1285-601	
c. Physical Address, Required if available 304 HW 2. GENERAL DESCRIPTION OF IMPROVEMENT: Re	Sophie DR. White Springs, FL 32096
3. OWNER / LESSEE INFORMATION IF THE LESSEE CO.	
a. Name and address: Robert Dewey 304 NW Sophie Whitesprings, FL b. Interest in property: Owner c. Name and address of fee simple titleholder (If other than one of the simple titleholder)	De. . 32046
 CONTRACTOR'S: a. Name: Covenant Roofing and b. Address: 4590 CR 218 Middleburg, Fl. 32068 	Construction Inc. C. Phone: (904) 423-0819
	ched): a. Name
b. Address:	
c. Phone number:	d, Amount of bond; \$
6. LENDER'S NAME: a.	c. Phone:
7. Persons within the State of Florida designated by Owner upon whom n a. Name and address;	otices or other documents may be served as provided by Section 713.13 (1)a/7., Florida Statute
b. Phone numbers of designated persons:	
8. a. In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provided in Section	713.13 (1) (b), Florida Statutes.
9. h. Phone number of person or entity designated by owner:	
Expiration date of notice of commencement:	
IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1. SECTION IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCES	ording unless otherwise specified) FIER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED 713.13 FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENT MUST BE RECORDED AND POSTED ON THE IOB SITE BEFORE THE FIRST WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR
(Signature of Owner or Lessee, or Owner's or Lessee's	
Authorized Officer/Director/Partner/Manager)	(Print Name and Provide Signatory's Title/Office)
State of 1011da , County of 6 (Clumbia) The foregoing instrument was acknowledged before me by mean	ns of Aphysical presence or Conline notarization, this
2) day or October, 20 24 by Robert O	ewey
(nature of acknowledged) Personally Known _ or Produced Identification \(\frac{1}{2}\) Type of Identification Produced \(\frac{1}{2}\) \(\frac{1}2\) \(\frac^	
	/may
CHRISTOPHER MCFARLAND	(Signature of Notary Public)

CHRISTOPHER MCFARLAND
Commission # HH 131222
Exp#9s May 19, 2025
Bonded Thru Troy Fain Insurance 800-385-7019