NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
01-75-16-04107-001	
THE UNDERSIGNED hereby gives notice that improv of the Florida Statutes, the following information is	ements will be made to certain real property, and in accordance with Section 713 13
1. Description of property (legal description): THE a) Street (job) Address: 833 SW OLD	S 726 FT OF NE1/4 OF NE1/4 755-1139, DC 660-619, 830-1723 830-1724, D DENIBLACK AVEFORT WHITE, FE 32038
2. General description of improvements: Fet acin 3	windows and/or doors size for size
3. Owner Information or Lessee information if the Le a) Name and address: BARRS JONATHAI b) Name and address of fee simple titlehol c) Interest in property OWNER	ssee contracted for the improvements: N WBARRS KORIN S Ider (if other than owner)
4. Contractor Information a) Name and address: <u>(CONCOUNT)</u> b) Telephone No.;	andersen I Jarra Mellick 997 W Kennedyblvd.
5. Surety Information (if applicable, a copy of the part	yment bond is attached):
6. Lender	n
a) Name and address: b) Phone No.	
 Person within the State of Florida designated by O 713.13(1)(a)7., Florida Statutes: 	wner upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes:	s the following person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.:	
9. 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	hour hand
COUNTY OF COLUMBIA 10. Signature of C	Dwner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Korin Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me, a Florida Notary, this 14 day of FLNV OF 20_22_by:	
(Name of Person) as OWY	ACC for HIF Authority) (name of party on behalf of whom instrument was executed)
Notary Signatu & COL	Notary Stamp or Seal: Notary Stamp or Seal: PRISILLA OCASIO MY COMMISSION # GG 343827 EVPIRES: June 11, 2023 Bonded Thru Notary Public Underwärds