NOTICE OF COMMENCEMENT	Clarks Office States
Tax Parcel Identification Number:	Clerk's Office Stamp Inst: 202112018053 Date: 09/08/2021 Time: 1:55PM Page Lof 1 B: 1446 P: 1982, James M Swisher Jr, Clerk of Court Columbia, County, By: BR Deputy Clerk
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	ents will be made to certain real property, and in accordance with Section 713.13 rided in this NOTICE OF COMMENCEMENT.
a) Street (job) Address: 331 NW Fair	35-16-02309-006
T. Serieral description of improvements: TEM 2P	1917 (00)
Owner Information or Lessee information if the Lessee Name and address	e contracted for the improvements: Lauri Adams, 337 NW fair var Dr
b) Name and address of fee simple titleholder	(if other than owner) N/A
c) Interest in property OWA C	
a) Name and address: 09/45 100 fin	9+CONS+ LLC 505 90 WIGGST BING
5. Surety Information (if applicable, a copy of the payme	ent bond is attached).
a) Name and address: b) Amount of Bond:	
c) Telephone No.:	
6. Lender	
a) Name and address: b) Phone No.	
	er 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.:	
3 4 .5	e following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	
a) Name:	OF
b) Telephone No.:	and the second s
	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROF FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DROBED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Own	D / Harris of Lessee & Authorized Office/Director/Partitle/Wariages
- -	K. Delt Gles #
Pri	nted Name and Signatory's Title/Office
. The foregoing instrument was acknowledged before me,	, a Florida Notary, this Tth day of September 2021 by:
Robert Ogus as Own (Type of Aut	er for Ogles Roofing.
Personally Known X OR Produced Identification	Type
Notary Signature Lthlug St	Notary Stamp or Seal: ASHLEY K. STALEY MY COMMISSION # GG 923118 EXPIRES: October 15, 2023 Bonded Thru Notary Public Underwriters