Inst. Number: 202312005170 Book: 1487 Page: 373 Page 1 of 1 Date: 3/27/2023 Time: 1:34 PM 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	
NOTICE OF COMMENCENCEM	Clerk's Office Stamp
Tax Parcel Identification Number:	
03-4\$-17-07592-013	
03-43-17-07392-013	
of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
1. Description of property (legal description):  a) Street (lob) Address: 139 5	R OF SETA OF NET4 /LINC OF EMERSON 24 SZ FT TO POB, W
a) Street (Job) Address: 139 SE Ew 2. General description of Improvements: 51d Na	
<del>- )</del>	
3. Owner Information or Lessee Information if the Lesse	e contracted for the Improvements: 898 Wilson DR - Des Planes, ZL 60016
<ul> <li>b) Name and address of fee simple titleholder</li> </ul>	(if other than owner)
c) Interest in property 16050 COVING	
a) Name and address: Peter (n fat) b) Telephone No.: 407 - 393 - 9	0. PO BOX 781993, Orlando, FL 32878
5. Surety Information (if applicable, a copy of the payme a) Name and address:	ent bond is attached):
h) Amount of Bond:	
5. 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.:	
O la addition to triumalf ou bound of Ourse desirantes the	e following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	OFOF
b) Telephone No.:	
9. Expiration date of Notice of Commencement (the exp	piration date will be 1 year from the date of recording unless a different date
is specified):	
COMMENCEMENT ARE CONSIDERED IMPROF FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO INSPECTION. IF YOU INTEND TO OBTAIN FINA COMMENCING WORK OR RECORDING YOUR	
STATE OF FLORIDA	1. States I der
COUNTY OF COLUMBIA 10 Signature of Ow	ner or Lessee's Authorized Office/Director/Partner/Manager
	X Stabley SadeR
_	Printed Name and Signatory's Title/Office
,	Time on a me and signetory s true/onice
The foregoing instrument was acknowledged before me	, by means of physical presence or online notarization, a Florida Notary,
this 24 day of March, 202	Stanley Sader as owner  (Name of Person) (Type of Authority)
or	who is personally known OR produced identification
(name of party on behalf of whom instrument was e	Type ID 5360-7806-8040
	Type 15 2/9/20
	STATE RICLIAN
Notary Signature	(Notary Stamp or Seal)  MY COMMISSION #HH130700  EXPIRES: MAY 20, 2025  Ronded Unrough 1st State Insurger