Inst. Number: 202212005812 Book: 1462 Page: 1827 Page 1 of 1 Date: 3/25/2022 Time: 8:03 AM 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	Clerk's Office Stamp
Tax Parcel Identification Number:	
23-3S-16-02272-028	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13
1. Description of property (legal description): LOT 27 N	W LAKE JEFFERY PHASE 1. 521-308, 783-131, 858-765, 861-202, DC 1088-589
2. General description of improvements: RE	V CYPRESS COVE DR, LAKE CITY, FL 32055 ROOF
Owner Information or Lessee information if the Lesse Name and address: CHOWDHURY, RAHI	e contracted for the improvements: MUL & YASMIN AKTHER 193 NW CYPRESS COVE DR, LAKE CITY, FL 32055
b) Name and address of fee simple titleholder	(if other than owner)
4. Contractor Information	NER_
a) Name and address: LEWIS WALKER.	PO BOX 2147, LAKE CITY, FL 32056
b) Telephone No.: <u>866-959-7663</u> 5. Surety Information (If applicable, a copy of the payments)	note hand to a three hands
a) Name and address: N/A	the bond is attached).
b) Amount of Bond:	
c) Telephone No.:	CONTINUENCE
a) Name and address: N/A	
b) Phone No.	And the state of t
7. Person within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	er upon whom notices or other documents may be served as provided by Section
a) Name and address: N/A	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates th Section 713.13(IIIIb), Florida Statutes:	e following person to receive a copy of the Lienor's Notice as provided in
a) Name: N/A	OF
b) Telephone No.:	
	piration date will be 1 year from the date of recording unless a different date
MARNING TO OWNER- ANY DAVAFAITS MAD	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
	ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
COMMENCING WORK OR RECORDING YOUR	art STPs
STATE OF FLORIDA	(Lamone:
COUNTY OF COLUMBIA 10	
Signature of Ow	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
4	RAHIMUL A. CHOWDHURY.
Pr	inted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me	, a Florida Notary, this 27 day of March, 2022, by:
H	
Mah; Mul Choudhly as Old A (Name of Person) (Type of Aut	er for Ruy Mus Chow (Mus G
(Name of Person) (Type of Aut	normy (name or party on behalf of whom instrument was exercised)
Personally Known OR Produced Identification	VType TCOC
A A A AND AND AND AND AND AND AND AND AN	
Notary Signature BONDGAD AD	Notary Stamp or Seal: 226 Commission # GG 305135
	For rule Societ Thru Budget Mossy Services Societ Thru Budget Mossy Services