To Donal Lies billositos Nijoshov	Inst: 202512023157 Date: 10/09/2025 Time: 11:12AM Page 1 of 1 B: 1551 P: 961, James M Swisher Jr, Clerk of Court
Tax Parcel Identification Number:	Columbia, County, By: VCMA Deputy Clerk
12-65-16-038/6-131	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is prov	nts will be made to certain real property, and in accordance with Section 713.13 vided in this NOTICE OF COMMENCEMENT.
a) Street (fob) Address: <u>133 SW SC</u>	VISION Crossidads, Lot 31, Acresio.18
2. General description of improvements: 12-1000	**************************************
b) Name and address of fee simple titleholder c) Interest in property Self	e contracted for the Inprovements: 0.00
4. Contractor Information a) Name and address: Hary Dana A b) Telephone No.: 380 30	nderson / 2875 SW Pinemount Rd Lake City +13202
5. Surety Information (if applicable, a copy of the payme a) Name and address:	
b) Amount of Bond: NA	
6. Lender	***************************************
a) Name and address: HA	
b) Phone No. NAC. 7. Person within the State of Florida designated by Own	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: NA b) Telephone No.: NA	
Section 713.13(I)(b), Florida Statutes: a) Name: Name: NAME A b) Telephone No.: NAME	The state of the s
9. Expiration date of Notice of Commencement (the expire specified): \(\sum_{\subset} \subseteq \subseteq \lambda \lambda \)	iration 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 DER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DIRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST WICING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE NOTICE OF COMMENCEMENT.
STATE OF FLORIDA	24 - 2) and a
COUNTY OF COLUMBIA 10. Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
_	Brian Waldron
,p	rinted Name and Signatory's Title/Office
	by means of physical presence or online notarization, a Florida Notary,
this Ath day of DCADAW, 20 00	
for	(Name of Person) (Type of Authority)
(name of party on behalf of whom instrument was e	who is personally known OR produced identification Kecuted)
	Type ID
Notary Signature Mulinda Mi	(Notary Stamp or Seal) LAMANDA MOTE Commission # HH 385545 Expires August 8, 2027

Clork's Office Stamo.

NOTICE OF COMMENCEMENT

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