NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
01-4S-16-02668-002 (10836)	
THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is proven	ents will be made to certain real property, and in accordance with Section 713.13 vided in this <b>NOTICE OF COMMENCEMENT</b> .
1. Description of property (legal description): 01-4S-16-02 a) Street (job) Address: 512 SW Sisters Welcome RI	2668-002 (10836)
General description of improvements:      Remodel and Ad	
Owner Information or Lessee information if the Lesse     Name and address; CARC ADVOCATES FOR CITIZ	e contracted for the improvements: ENS WITH DISABILITIES INC, 512 SW Sisters Welcome RD, Lake City, FL 32025
b) Name and address of fee simple titleholder	(if other than owner)
4. Contractor Information	
<ul><li>a) Name and address: Plumb Level Construction Co.</li><li>b) Telephone No.:</li></ul>	
5. Surety Information (if applicable, a copy of the payment)	ent bond is attached):
a) Name and address: N/A	
b) Amount of Bond:	
c) Telephone No.:	<del></del>
a) Name and address: N/A	
b) Phone No	
7. Person Within the State of Florida designated by Own 713.13(1)(a)7., Florida Statutes:	ner upon whom notices or other documents may be served as provided by Section
b) Telephone No.:	
Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the Lienor's Notice as provided in
	OF
b) Telephone No.:	<del></del>
9. Expiration date of Notice of Commencement (the expis specified):	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOUN OTICE 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 DRDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE INOTICE OF COMMENCEMENT.
STATE OF FLORIDA	
COUNTY OF COLUMBIA 10	vner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Signature of Ow	oner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
_	
	Printed Name <b>and</b> Signatory's Title/Office
The foregoing instrument was acknowledged before me	e, by means ofphysical presence oronline notarization, a Florida Notary,
this day of , 20	, by: as (Name of Person) (Type of Authority)
	(Name of Person) (Type of Authority)
for	who is personally known OR produced identification
for who is personally known OR produced identification (name of party on behalf of whom instrument was executed)	
	, Туре ID
Notary Signature	(Notary Stamp or Seal)