This instrument Prepared By: Name				
	ess			
Permit No.		NOTICE OF COMMENCEM	Tax Folio No	
1 (111	int ivo.		Sec Twp Rng	
STAT	E OF Florida			
	NTY OF Sumter	· -		
			ade to certain real property, and in accordance with	
secti	ion 713.13 of the Florida Statutes,	the following information is stated in this No.	OTICE OF COMMENCEMENT:	
1	Description of property (legal de	scription of property and street address if ava	iilable):	
2	General Description of improvement:			
3	Owner Information			
	a. Name and Addressb. Phone Number			
		mple titleholder (if other than owner)		
4	Contractor:			
	a. Name and Address			
	b. Phone Numberc. Fax number (optional, if se	prvice by fav is accentable)	_	
5	Surety			
	h Amount of hand ¢			
	c. Phone Number			
6	d. Fax number (optional, if se Lender	rvice by fax is acceptable)		
U	a. Name and Address			
	b. Phone Number	prijag by fav is accontable)		
7	c. Fax number (optional, if see Persons within the State of Florid	da designated by Owner upon whom notices	or other documents may be served as provided in	
	section 713.13(1)(a)7, Florida St a. Name and Address	atutes	•	
	b. Phone Number			
8	c. Fax number (optional, if se	rvice by fax is acceptable)	convert the Lieners Nation of provided in Section	
713.13(1)(b), Florida Statutes				
	a. Name and Addressb. Phone Number			
	c. Fax number (optional, if se	ervice by fax is acceptable)		
9	Expiration date of notice of com	mencement (the expiration date is 1 year from	n the date of recording unless a different date is	
WA	ARNING TO OWNER: ANY PAY	YMENTS MADE BY THE OWNER AFTER	THE EXPIRATION OF THE NOTICE OF	
		DERED IMPROPER PAYMENTS UNDER C	CHAPTER 713, PART I, SECTION 713.13, IMPROVEMENTS TO YOUR PROPERTY. A	
		MUST BE RECORDED AND POSTED ON		
		O OBTAIN FINANCING, CONSULT WITH ORDING YOUR NOTICE OF COMMENCE	I YOUR LENDER OR AN ATTORNEY BEFORE	
	WINDLEVELLYON WORK ON RECO	ADING TOOK NOTICE OF COMMENCE.	WIEWI.	
Sig	nature of Owner or Owner's Autl	horized Officer/Director/Partner/ Manager	Signatory's Title/Office	
The	e foregoing instrument was ackno	wledged before me this day of	, 20, (type of outbority or grafficer trustee	
atto	orney in fact for	(name or person) as	, 20, (type of authority,e.g. officer, trustee, (name of party on behalf of whom instrument	
was	s executed).			
Sw	orn to (or affirmed) and subscribe	ed before me by means of \square physical present	ce or \square online	
notarization this day of 20, By (name of person making statement).				
	,			
Sig	gnature of Notary Public – State o	f Florida		
Per	rsonally Known or Produced	I Identification Type of identification	Produced	
verification pursuant to Section 95.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.				
the	racts stated in it are true to the be	st of my knowledge and belief.		