Pr	ermit Number: blio/Parcel ID #: repared by: <u>Luis Goicochea</u> eturn to: <u>Luis Goicochea</u>	Intangible Tax: \$0.00 Phil Diamond, Comptroller Orange County, FL
L	uis.Goicochea@grunaufire.us	
Th wil 1.	Description of property (legal description of the present and	it will be made to certain real property, and in accordance nation is provided in this Notice of Commencement. Toperty, and street address if available) Interview of the street of the street address of available of the street address of available.
Nome: Walt Dispey World		Lessee contracted for the improvement
	Address P.U.Box 10000 Lake Buena Vista Fl.	32830
	Alterest in Property Owner	
	Name and address of fee simple titleholder (if diname	ifferent from Owner listed above)
		Total above;
4.	· * -	
	Name Grunau Fire Protection Address 2400 Lake Orange Dr. Suite 150, Orlando	Telephone Number 407-857-1800
5.	Surety (if applicable, a copy of the payment bond is attached)	
	Name	Telephone Number
	V001692	Telephone NumberAmount of Bond \$
6.	rangal	
	Name	Telephone Number
7		
	be served as provided by 9/13.13(1)(a)/, Florida	y Owner upon whom notices or other documents may a Statutes. Telephone Number
8.	In addition to himself or herself. Owner designation	tes the following to receive a copy of the Lienor's
	Name SasaPavosevic	utes. Telephone Number 407-913-5577
0	Address 1700 Epcot Resorts Blvd, Lake Buena \	/ista FL 32830
	construction date of notice of commencement (the construction and final payment to the contractor, bu different date is specified)	expiration date may not be before the completion of twill be 1 year from the date of recording unless a
RES	ULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOU ORDED AND POSTED ON THE JOB SITE REFORE THE FIRST	AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT 3, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN IR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE T INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.
_/	arasmil.	Omvas La
Signa	ature of Owner or Lessee, or Owner's or Lessee's Authorized Off	icer/Director/Partner/Manager Signatory's Titte/Office
The	foregoing instrument was acknowledged before me	
as _	Type of authority, e.g., officer, trustee, attorney in fact	for Will to Change of person Resort 1 Name of party on behalf of whom instrument was executed
***************************************	Signature of Notaly Public - State of Florida	Print, type, or stamp dommissioned name of Notary Public
	onally Known OR Produced ID	
•		MEGAN KELLEY

Form postest revised: 10/17/12

MEGAN KELLEY
Notary Public - State of Florida
Commission # HH 34123
My Comm. Expires Aug 19, 2024
Bonded through National Notary Assn.