| Permit Number: | PO 450 | 7363064 DOC # 20240078957 |
|---|--|---|
| Permit Number:Folio/Parcel ID #: TAX ID: 30-24 | -28-0000-00-009 | 02/09/2024 10:07 AM Page 1 of 1 Rec Fee: \$10.00 |
| Prepared by: Gred Beasley | 20 0000 00 000 | Rec Fee. \$10.00 Deed Doc Tax: \$0.00 |
| Prepared by: <u>Greg Beasley</u> 650 Gem Commer | rce Ct | Mortgage Doc Tax: \$0.00 |
| Apopka, FL, 32703 Return to: Michael Lambert | | Intangible Tax: \$0.00 |
| | | <u> </u> |
| DO D 40000 | | Orange County, FL |
| PO Box 10000 Lake Buena Vista, FL | | Ret To: SIMPLIFILE LC |
| Lake Buella Visia, i L | • | |
| NOTIC | E OF COMMENCE | MENT |
| State of Florida, County of Oran | | |
| | | will be made to certain real property, and in accordance |
| | | ation is provided in this Notice of Commencement. |
| 1. Description of property (leg TAX ID: 30-24-28-0000-00-0 | gal description of the pro 009, 1600 TIMBER TRA | pperty, and street address if available) IL |
| 2. General description of implemental Work | rovement | |
| 3. Owner information or Less Name Walt Disney World P | | essee contracted for the improvement |
| Address PO Roy 10000 La | ke Ruena Vieta Fl. 329 | 30 |
| Interest in Presents | no Dueria visia, i L, 320 | 000 |
| Interest in Property | | ferent from Owner listed above) |
| | - ` | • |
| Name_ | | |
| Address | | |
| 4. Contractor | Cleatrical Inc | - |
| Name Colwill Engineering I | Electrical, Inc. | Telephone Number |
| Address 650 Gem Commerc | se Ct, Apopka, FL, 3270 | 3 |
| 5. Surety (if applicable, a copy | | |
| Name | | Telephone Number |
| Address | | Amount of Bond \$ |
| 6. Lender | | |
| Name | | Telephone Number |
| Address | | |
| he served as provided by | 8713 13(1)(a)7 Florida | y Owner upon whom notices or other documents n Statutes. |
| Name | 3 | Telephone Number30 |
| Address PO Box 10000 La | ke Buena Vista, FL, 328 | 30 |
| 8. In addition to himself or he | erself. Owner designat | es the following to receive a copy of the Lienor's |
| Notice as provided in §713 | | |
| Name | Jii v i j j j j i i i i i i i i i i i i i | Telephone Number |
| Address PO Box 10000, Lak | ka Ruana Vieta El 220 | |
| | | expiration date will be 1 year from the date of recording |
| unless a different date is sp | • | expiration date will be a year from the date of recording |
| uniess a dinerent date is sp | | |
| CONSIDERED IMPROPER PAYMENTS ULT IN YOUR PAYING TWICE FOR IM CORDED AND POSTED ON THE JOB S | S UNDER CHAPTER 713, PA PROVEMENTS TO YOUR PR ITE BEFORE THE FIRST INS | ER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ART I, SECTION 713.13, FLORIDA STATUTES, AND CAN ROPERTY. A NOTICE OF COMMENCEMENT MUST BE SPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT ORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. |
| Maise | J. John | Authorized Signatory |
| ature of Owner or Lessee, or Owner's or | Lessee's Authorized Officer/[| Director/Partner/Manager Signatory's Title/Office |
| e foregoing instrument was ackno arization, this _ ^{7th} _ day of ^{Februa} | wledged before me by r ry 2024 by Dom | neans of [] physical presence or [] online inick Tota |
| | | e of person |

Courde A Needer
Signature of Notal Public – State of Florida Davida G. Heeder Print, type, or stamp commissioned name of Notary Public

Personally Known ___OR Produced ID ____ Type of ID Produced___ Notarized remotely online using communication technology via Proof.

> Notary Public - State of Florida Commission # HH341368

Name of party on behalf of whom instrument was executed