| Permit Number: B24900962  | DOC # 20240211466  |                                  |                   |
|---|--|----------------------------------|-------------------|
| Folio/Parcel ID #: 27-24-03-0000-00-002   | 04/11/2024 14:03 PM Page 1 of 1  |                                  |                   |
|   | Rec Fee: \$10.00   |                                  |                   |
| Prepared by:Trista Bonomi, Project Coordinator  | Mortgage Doc Tax: \$0.00<br>Intangible Tax: \$0.00                       |                                  |                   |
|   |  | Return to: Crown Castle USA Inc. |                   |
|   |  | 2000 Corporate Drive             | Orange County, FL |
| Canonsburg, PA 15317  | Ret To: SIMPLIFILE LC  |                                  |                   |
|   |  |                                  |                   |
| NOTICE OF COMMENCEMI State of Florida, County of Orange   | ENT  |                                  |                   |
| The undersigned hereby gives notice that improvement wi   | ill be made to certain real property, and in accordance                  |                                  |                   |
| with Chapter 713, Florida Statutes, the following information   |  |                                  |                   |
| Description of property (legal description of the property)   |  |                                  |                   |
| SE1/4 OF NE1/4 & NE1/4 OF SE1/4 OF SEC 03-24-2  | 27 & COMM M/1/4 COD OF SEC 02 24 27                                      |                                  |                   |
|   | 27 & COIVIIVI VV 1/4 COR OF SEC 02-24-27                                 |                                  |                   |
| General description of improvement     Remove existing generator and add a Generac SD05                             |  |                                  |                   |
| <ol> <li>Owner information or Lessee information if the Les<br/>Name Crown Castle, on behalf of T-Mobile</li> </ol> | ssee contracted for the improvement                                      |                                  |                   |
| Address 2000 Corporate Drive Canonsburg, PA 1531  | 7  |                                  |                   |
| Interest in Property Lessee   |  |                                  |                   |
| Name and address of fee simple titleholder (if differ<br>Name WALT DISNEY PARKS AND RESORTS US IN                   | IC   |                                  |                   |
| Address Attn: Tax Dept Po Box 471010 Kissimmee, F   | L 34747-9010   |                                  |                   |
|   |  |                                  |                   |
| 4. Contractor Name Concurrent Group, LLC Address 7035-G SW 47 St. Miami, FL 33155                                   | Telephone Number 407-585-4220  |                                  |                   |
| Address 7035-C SW 47 St Miami El 33155  | Telephone Number 107 000 1220  |                                  |                   |
| Address 7000-G GVV 47 St. Wildrill, FE 00105  | 4 l I\   |                                  |                   |
| 5. Surety (if applicable, a copy of the payment bond is att   | tached)  |                                  |                   |
| NameAddress   | I elephone Number  |                                  |                   |
| Address   | Amount of Bond \$  |                                  |                   |
| 6. Lender   |  |                                  |                   |
| Name  | Telephone Number   |                                  |                   |
| Address   |  |                                  |                   |
| 7. Persons within the State of Florida designated by  |  |                                  |                   |
| be served as provided by §713.13(1)(a)7, Florida S  | tatutes.   |                                  |                   |
| Name  | Telephone Number   |                                  |                   |
| Address   |  |                                  |                   |
| 8. In addition to himself or herself, Owner designates  | s the following to receive a copy of the Lienor's                        |                                  |                   |
| Notice as provided in §713.13(1)(b), Florida Statute  |  |                                  |                   |
| •   |  |                                  |                   |
| Name_   | Telephone Number   |                                  |                   |
| Address   | - Starting of the Children American Council the Starting of the Starting |                                  |                   |
| <ol> <li>Expiration date of notice of commencement (the exunless a different date is specified)</li> </ol>          | xpiration date will be 1 year from the date of recordin                  |                                  |                   |
| RNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER  | THE EXPIRATION OF THE NOTICE OF COMMENCEMENT                             |                                  |                   |
| CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PAR   |  |                                  |                   |
| ULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PRO<br>ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPI    |  |                                  |                   |
| I YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK   |  |                                  |                   |
| 7   | A OK RECORDING TOOK NOTICE OF COMMENCEMENT.                              |                                  |                   |
|   | Project Coordinator  |                                  |                   |
| ature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Dire  |  |                                  |                   |
| ature of Owner of Lessee, of Owner's of Lessee's Authorized Officer/Dire  | ector/Fartifer/Manager Signatory's Title/Office                          |                                  |                   |
|   | 40 L 604/0004 L T. C D .   |                                  |                   |
| foregoing instrument was acknowledged before me this _1   |  |                                  |                   |
|   | montn/year name of person  |                                  |                   |
| Project Coordinator for   | Crown Castle USA Inc.  |                                  |                   |
| Type of authority, e.g., officer, trustee, attorney in fact   | Name of party on behalf of whom instrument was executed                  |                                  |                   |
|   |  |                                  |                   |
| 741 111 6 A   | DeAnna H Hadnot  |                                  |                   |
| / 1thnue H traugh   |  |                                  |                   |
| Signature of Notary Public - State of XXXXXXXX Alabama  | Print, type, or stamp commissioned name of Notary Public                 |                                  |                   |
|   | }******  |                                  |                   |
| Personally Known X OR Produced ID   | DEANNA H. HADNOT   |                                  |                   |
| Type of ID Produced   | Notary Public  |                                  |                   |

My Commission Expires: 03/30/2025

Form content revised: 01/23/14