RECORDED IN OFFICIAL RECORDS INSTRUMENT # 2025042510 1

3/19/2025 4:07 PM PERMIT# KAREN E. RUSHING TAX FOLIO NUMBER 0060050013 **CLERK OF THE CIRCUIT COURT** NOTICE OF COMMENCEMENT SARASOTA COUNTY, FLORIDA **SIMPLIFILE** Receipt # 3313495 STATE OF Florida COUNTY OF Sarasota THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT. **DESCRIPTION OF PROPERTY:** (LEGAL DESCRIPTION OF THE PROPERTY AND STREET ADDRESS IF AVAILABLE) LOT 12 BLK T FOREST LAKES COUNTRY CLUB ESTATES UNIT 3 GENERAL DESCRIPTION OF IMPROVEMENT: Installation of hurricane protection 3. OWNER INFORMATION: A NAME: MCLEOD KATHLEEN MCLEOD MAUREEN B. ADDRESS: 2216 RIVIERA DR SARASOTA, FL, 34232 C. INTEREST IN PROPERTY: D. NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): CONTRACTOR INFORMATION: (NAME, ADDRESS & PHONE NO) Storm Smart Building Systems, LLC 6182 Idlewild St. Ft. Myers, FL 33966 (239) 938-1000 SURETY: (NAME, ADDRESS, PHONE NO & BOND AMOUNT) 6. LENDER INFORMATION: (NAME, ADDRESS & PHONE NO) 7. PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1)(A) 7., FLORIDA STATUTES: A. NAME. ADDRESS & PHONE NO: 8. IN ADDITION TO HIMSELF/HERSELF, OWNER DESIGNATES THE FOLLOWING TO REVEIVE A COPY OF THE LIENORS NOTICE AS PROVIDED IN SECTION 713.13 (1)(B), FLORIDA STATUES: (NAME, ADDRESS & PHONE NO) EXPIRATION DATE OF NOTICE OF COMMENCEMENT (THE EXPIRATION DATE IS ONE YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED) WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTIONS 713.13, FLORIDA

STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR

| RECORDING TOUR NOTICE OF COMMENCEMENT. | |
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| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLC | |
| — Signed by: Mauren Melod | Maureen Mcleod |
| SIGNATURE OF OWNER OR LESSEE; OR, | PRINTED NAME |
| OWNER'S OR LESSEE'S AUTHORIZED AGENT | |
| | |
| | COMPANY NAME AND TITLE |
| STATE OF: Florida | |
| COUNTY OF: Sarasota 2/27/2025 SWORN TO AND SUBCRIBED BEFORE ME THIS | Maureen Mcleod BY |
| WHOIS BERSONALLY KNOWN TO ME OR HAS PRODUCED Drivers | License AS IDENTIFICATION |
| David Franklin | \$ |
| (SI饱附类100FE NOTARY PUBLIC) | 73.41 M.D |
| (PRINT OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC) | DAVID FRANKLIN Notery Public State of Florida Comm# HH576961 Explres 7/29/2028 |