MAGISTRATE HEARING DOCKET

CITY OF STUART, FLORIDA
121 S.W. FLAGLER AVENUE
STUART, FLORIDA 34994

NOVEMBER 15, 2023 AT 2:00 PM
COMMISSION CHAMBERS

Agenda items are available on our website at http://www.cityofstuart.us
Phone: (772) 288-5306. Fax: (772) 288-5305. E-mail: mkindel@ci.stuart.fl.us

In compliance with the Americans with Disabilities Act (ADA), anyone who needs a special accommodation to attend this meeting should contact the City's ADA coordinator at 772-288-5306 at least 48 hours in advance of the meeting, excluding Saturday and Sunday.

If a person decides to appeal any decision made by the Board with respect to any matter considered at this meeting, he will need a record of the proceeding, and that for such purpose he may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

WHAT IS CIVILITY? Civility is caring about one's identity, needs and beliefs without degrading someone else's in the process. Civility is more than merely being polite. Civility requires staying "present" even with those persons with whom we have deep-rooted and perhaps strong disagreements. It is about constantly being open to hear, learn, teach and change. It seeks common ground as a beginning point for dialogue. It is patience, grace, and strength of character. Civility is practiced in our City Hall.

PLEDGE OF ALLEGIANCE

VIOLATION HEARINGS

1. **City of Stuart vs Stuart Investment Properties LLC** — Vito Lorenzo
   CASE NO: CE23100018
   ADDRESS OF VIOLATION: 718 SE 5th St Stuart FL 34994
   CODE SECTION: *20-21* Duty to keep property mowed
   DESCRIPTION OF VIOLATION: Overgrown Grass and Weeds

2. **City of Stuart vs Centro NP Downtown Publix LLC** — Vito Lorenzo
   CASE NO: CE23060025
   ADDRESS OF VIOLATION: 838 SW Federal Hwy Stuart, FL 34994
   CODE SECTION: Florida Building code 105.1 Required
   DESCRIPTION OF VIOLATION: Work without a permit

ADJOURNMENT

CITY OF STUART, FLORIDA
AGENDA ITEM REQUEST
MAGISTRATE

Meeting Date: 11/15/2023 **Prepared by:** Vito Lorenzo

Title of Item:
City of Stuart vs Stuart Investment Properties LLC

Address:
718 SE 5th St Stuart FL 34994

Code Section:
20-21 Duty to keep property mowed

Description of Violation:
Overgrown Grass and Weeds

Summary Explanation/Background Information:
This case involves a vacant lot with overgrown grass and weeds exceeding 8 inches in height.

ATTACHMENTS:
1. City of Stuart vs Stuart Investment Properties LLC CE23100018

MARTIN COUNTY PROPERTY APPRAISER
Jenny Fields, CFA

Basic Info

PIN	AIN	Situs Address	Website Updated
04-38-41-005-005-00020-6	21337	718 SE 5TH ST STUART FL	10/12/23

General Information

Property Owners
STUART INVESTMENT PROPERTIES LLC

Mailing Address
660 GLADES RD STE 400
BOCA RATON FL 33431

Tax District
STUART

Parcel ID
04-38-41-005-005-00020-6

Account Number
21337

Property Address
718 SE 5TH ST STUART FL

Legal Description
HIGHLANDS 1ST ADD'N, LOT 2 BLK 5 OR 349/...

Use Code/Property Class
0000 - 0000 Vacant Residential

Neighborhood
333860 Highlands, Stypmann,Lake Clare

Legal Acres
0.149

Ag Use Size (Acre\Sq Ft)
N/A

Current Value

Year	Land Value	Improvement Value	Market Value	Value Not Taxed	Assessed Value	Total County Exemptions	County Taxable Value
2023	$ 105,000	$ 0	$ 105,000	$ 68,341	$ 36,659	$ 0	$ 36,659

Market values shown on the website reflect market conditions as of January 1st, the statutory assessment date. We are prohibited by law from relying on sales that occur after the January 1 assessment date. Therefore, market values shown on the website do not reflect today's market conditions, but rather the market conditions last year. In addition, the statutes require the county Property Appraiser to deduct for typical costs of sale (which include expenses such as commissions, title insurance, appraisals, inspection fees, etc.) when arriving at market value for tax purposes. That is why the market value for tax purposes is different from what a property would sell for today.

Current Sale

Sale Date	Grantor (Seller)	Doc Num
12/15/05	MCCARTHY, SHAWN & MCCARTHY, MATTHE	1896170
Sale Price	**Deed Type**	**Book & Page**
$ 245,000	Special Warranty Deed	2092 2082

Legal Description

HIGHLANDS 1ST ADD'N, LOT 2 BLK 5 OR 349/1585

The legal description is intended for general information only. The Property Appraiser assumes no responsibility for the uses or interpretations of the legal description.

CITY EXHIBIT 1

DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company
STUART INVESTMENT PROPERTIES, LLC

Filing Information

Document Number	L05000114076
FEI/EIN Number	APPLIED FOR
Date Filed	11/29/2005
Effective Date	11/29/2005
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/06/2012

Principal Address

660 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431

Mailing Address

660 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431

Registered Agent Name & Address

HOULE, JAMES G
660 GLADES RD
SUITE 400
BOCA RATON, FL 33431

Name Changed: 10/06/2012

Address Changed: 10/06/2012

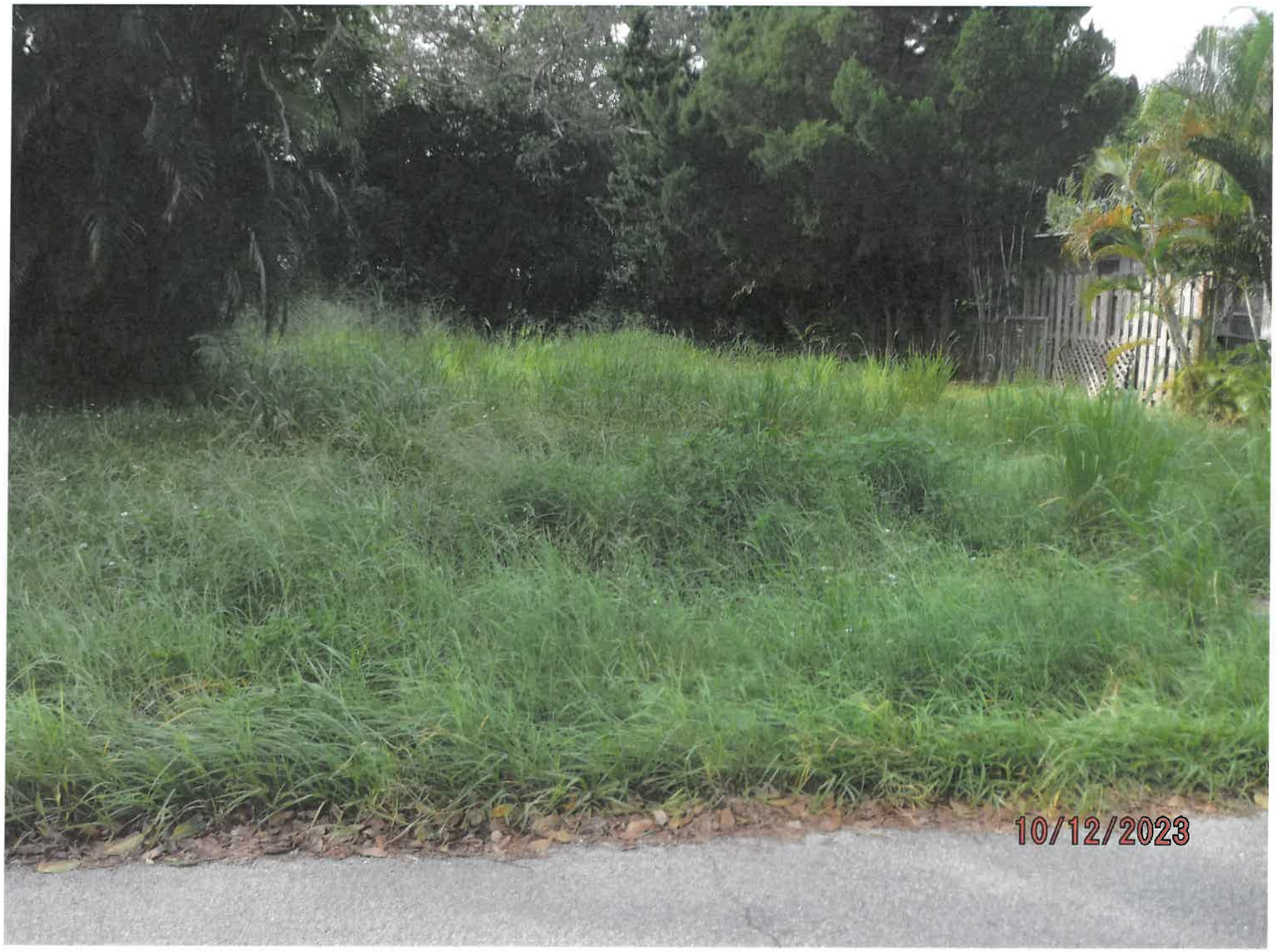
Authorized Person(s) Detail

Name & Address

Title MGR

maesel, shawn r
660 GLADES ROAD, SUITE 400
BOCA RATON, FL 33431

CITY EXHIBIT 2



CITY EXHIBIT 3

CITY OF STUART
NEIGHBORHOOD SERVICES
121 SW FLAGLER AVE
STUART, FL 34994-2139

NOTICE OF VIOLATION

Oct 12, 2023

STUART INVESTMENT PROPERTIES LLC
660 GLADES RD STE 400
BOCA RATON, FL 33431

Case #: CE23100018

You are hereby notified that the following violation(s) of the Code of Ordinances and/or the Land Development Regulations of the City of Stuart exists on the property listed:

ADDRESS: **718 SE 5TH ST**
PARCEL ID #: **04384100500500020600000**

OBSERVATION DATE: **10/12/23**
CORRECTION DATE: **10/22/2023**

VIOLATION(S) AND CORRECTIVE ACTIONS:

20-21
OVERGROWN GRASS.

Correction: 20-21
GRASS AND WEEDS NOT EXCEED EIGHT INCHES.

NOTICE OF HEARING SUMMONS

Failure to correct the violation(s) by the above date will result in a presentation of this matter at a hearing before the Neighborhood Services Magistrate on **11/15/2023at 2:00PM** in the City of Stuart Commission Chambers located at 121 SW Flagler Avenue, Stuart, Florida. The violation charged is a civil infraction and subjects you to a maximum civil penalty of up to $250 per offense, per day, for repeat violations.

The Neighborhood Services Magistrate will receive testimony and evidence at said Hearing and make Findings of Fact, as supported by the testimony and evidence pertaining to matters alleged in the Notice of Violation. You are entitled to present evidence and witnesses at the Hearing.

FAILURE to appear will result in the Magistrate proceeding in your absence. All fines constitute liens against the Real and Personal Property of the Respondent. Please govern yourself accordingly

An administrative fee of $300.00 will be assessed if you should fail to comply by the correction date above.

Should you require additional information regarding this notice, please contact Neighborhood Services at (772) 288-5325 or (772) 600-1254.

Vito Lorenzo
Neighborhood Services Officer
Vito Lorenzo / Deborah Carrasco

7022 1670 0001 3198 3594
7022 1670 0001 3198 3587
Certified Mail #

CITY EXHIBIT 4

7022 1670 0001 3198 3587

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here
10/12/23

Sent To
Stuart Investment Properties LLC
Street and Apt. No., or PO Box No.
660 Glades RD STE 400
City, State, ZIP+4®
Boca Raton FL 33431

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 1670 0001 3198 3594

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here
10/12/23

Sent To
James G Houle
Street and Apt. No., or PO Box No.
660 Glades RD suite 400
City, State, ZIP+4®
Boca Raton, FL 33431

PS Form 3800, April 2015 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Stuart Investment Properties LLC
660 Glades RD STE 400
Boca Raton, FL 33431

NOV CE23100018

9590 9402 7852 2234 4469 46

2. Article Number *(Transfer from service label)*
7022 1670 0001 3198 3587

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
OCT 18 2023
CODE ENFORCEMENT
CITY OF STUART

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
James G Houle
660 glades Road Suite 400
Boca Raton FL 33431

NOV CE23100018

9590 9402 7852 2234 4469 39

2. Article Number *(Transfer from service label)*
7022 1670 0001 3198 3594

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
OCT 18 2023
CODE ENFORCEMENT
CITY OF STUART

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

CITY EXHIBIT 5

HIBIT

CITY EXHIBIT 6

CITY OF STUART, FLORIDA
AGENDA ITEM REQUEST
MAGISTRATE

Meeting Date: 11/15/2023 **Prepared by:** Vito Lorenzo

Title of Item:
City of Stuart vs Centro NP Downtown Publix LLC

Address:
838 SW Federal Hwy Stuart, FL 34994

Code Section:
Florida Building code 105.1 Required

Description of Violation:
Work without a permit

Summary Explanation/Background Information:
4 TK Plumbing LLC installed a lift station without a permit.

ATTACHMENTS:
1. City of Stuart vs Centro NP Downtown Publix LLC CE23060025

Basic Info

PIN	AIN	Situs Address	Website Updated
05-38-41-000-000-00340-2	22128	728 SW FEDERAL HWY STUART FL	10/20/23

General Information

Property Owners
CENTRO NP DOWNTOWN PUBLIX LLC

Mailing Address
C/O RYAN LLC TAX COMPLIANCE
500 EAST BROWARD BLVD #1130
FORT LAUDERDALE FL 33394

Tax District
STUART

Parcel ID
05-38-41-000-000-00340-2

Account Number
22128

Property Address
728 SW FEDERAL HWY STUART FL

Legal Description
S 800.36' OF GOVT LOT 7 LYING SLY OF US1...

Use Code/Property Class
1600 - 1600 Community shopping center

Neighborhood
30300 FED HWY S OF ROOSEVELT TO INDIAN

Legal Acres
15

Ag Use Size (Acre\Sq Ft)
N/A

Current Value

Year	Land Value	Improvement Value	Market Value	Value Not Taxed	Assessed Value	Total County Exemptions	County Taxable Value
2023	$ 6,534,000	$ 5,379,090	$ 11,913,090	$ 715,996	$ 11,197,094	$ 0	$ 11,197,094

Market values shown on the website reflect market conditions as of January 1st, the statutory assessment date. We are prohibited by law from relying on sales that occur after the January 1 assessment date. Therefore, market values shown on the website do not reflect today's market conditions, but rather the market conditions last year. In addition, the statutes require the county Property Appraiser to deduct for typical costs of sale (which include expenses such as commissions, title insurance, appraisals, inspection fees, etc.) when arriving at market value for tax purposes. That is why the market value for tax purposes is different from what a property would sell for today.

Current Sale

Sale Date	Grantor (Seller)	Doc Num
10/30/07	CA NEW PLAN ASSET PARTNERSHIP IV, LP	N/A
Sale Price	**Deed Type**	**Book & Page**
$ 0	Qu	2288 841

DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Foreign Limited Liability Company
BRIXMOR/IA DOWNTOWN PUBLIX, LLC

Filing Information

Document Number	M07000004330
FEI/EIN Number	26-0500029
Date Filed	07/20/2007
State	DE
Status	ACTIVE
Last Event	LC NAME CHANGE
Event Date Filed	12/13/2011
Event Effective Date	NONE

Principal Address

450 LEXINGTON AVE., 13TH FLOOR
NEW YORK, NY 10017

Changed: 04/28/2016

Mailing Address

450 LEXINGTON AVE., 13TH FLOOR
NEW YORK, NY 10017

Changed: 04/28/2016

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Authorized Person(s) Detail

Name & Address

Title PRESIDENT / CEO

TAYLOR , JAMES M
450 LEXINGTON AVE., 13TH FLOOR
NEW YORK, NY 10017

CITY EXHIBIT 2

Title EVP / CFO / TREASURER

AMAN, ANGELA

DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company
REVIVE HEALTH & WELLNESS STUART, LLC

Filing Information

Document Number	L19000043266
FEI/EIN Number	83-3646437
Date Filed	02/12/2019
Effective Date	02/12/2019
State	FL
Status	ACTIVE

Principal Address

838 SW FEDERAL HWY
STUART, FL 34994

Changed: 06/09/2020

Mailing Address

838 SW Federal Hwy
Stuart, FL 34994

Changed: 06/09/2020

Registered Agent Name & Address

IACOVONE, GINA
1457 SW SEA HOLLY WAY
PALM CITY, FL 34990

Name Changed: 06/09/2020

Address Changed: 06/09/2020

Authorized Person(s) Detail

Name & Address

Title MGR

IACOVONE, GINA
1457 SW Sea Holly Way
PALM CITY, FL 34990

Title MGR

CITY EXHIBIT 3

DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company
4 TK PLUMBING, LLC

Filing Information

Document Number	L15000199124
FEI/EIN Number	46-4230287
Date Filed	11/25/2015
Effective Date	12/25/2015
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/18/2016

Principal Address

2018 SE COLFAX CT
PORT ST LUCIE, FL 34952

Mailing Address

2018 SE COLFAX CT
PORT ST LUCIE, FL 34952

Registered Agent Name & Address

TULLY, CHRISTOPHER J
2018 SE COLFAX CT
PORT ST LUCIE, FL 34952

Name Changed: 10/18/2016

Authorized Person(s) Detail

Name & Address

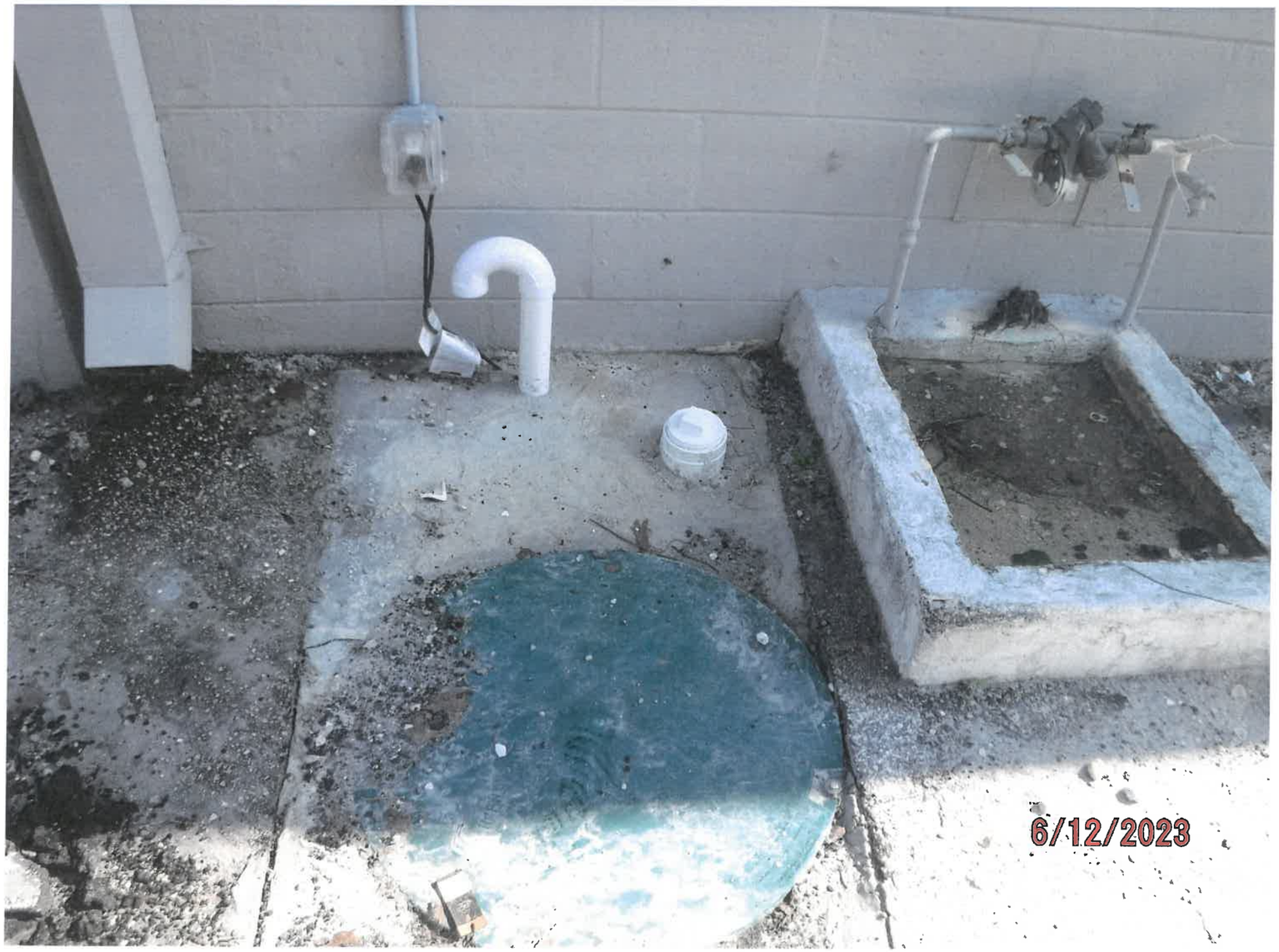
Title PRESIDENT

TULLY, CHRISTOPHER J
2018 SE COLFAX CT
PORT ST LUCIE, FL 34952

Annual Reports

Report Year	Filed Date
2021	01/16/2021
2022	02/20/2022

CITY EXHIBIT 4



CITY EXHIBIT 5

PERMITTING V9.0 PAGE NUMBER: 1
DATE: 07/12/2023 CITY OF STUART MODULE plnrvrpt:
TIME: 10:14:17 PLAN REVIEW STOP REPORT

SELECTION CRITERIA: PW

PERMIT NUMBER: 23060200 - REVIVE HEALTH & WELLNESS TYPE: LIFTSTATN
PARCEL ID : 053841000000034020000
PARCEL ADDRS : 838 SW FEDERAL HWY STUART, FL 34994
APPLY DATE : 06/30/23 ISSUE DATE : C/O DATE :

REVIEW STOP: PW - PUBLIC WORKS
REV NO: 1 STATUS: F DATE: 07/11/23 CONT ID:
REVIEW SENT BY: jlane DATE: 07/11/23 TIME: TIME SPENT: 0.00
REV RECEIVD BY: jlane DATE: 07/05/23 TIME: 15:20 SENT TO:

REVIEW NOTES:

07/11/2023 July 11, 2023

To: Darcee Pilarski

Subject: 838 SW Federal Hwy. Lift Station Permit #23060200

In reviewing the above referenced project, this Department does not approve the submitted permit application. Please address the following comments:

•Applicant must submit a plan showing location of proposed lift station with layout of discharge piping and where sewer connection is going to take place.

•Applicant must submit a DEP Permit or DEP exemption.

All Construction pertinent to this Department shall be installed, inspected and tested in accordance with the City of Stuart Minimum Design and Construction Standards latest edition and the City of Stuart Specifications and Ordinances where applicable. In case of discrepancies between the construction plans and afore mentioned manuals, the most restrictive shall apply.

All plans to be reviewed by this Department shall be routed through the Permit Technician in the Development Department. Approval by this department shall not be construed to be a license to proceed with work and shall not be construed as authority to violate, cancel, alter or set aside any of the provisions of the City Code. Approval shall not prevent this department from thereafter requiring a correction of errors in plans, construction or violation of City Code.

Please forward comments to applicant. If there are any questions, please contact me at your earliest convenience 772-288-5370.

CITY EXHIBIT 6

PERMITTING V9.0 PAGE NUMBER: 1
DATE: 07/05/2023 CITY OF STUART MODULE plnrvrpt:
TIME: 16:02:34 PLAN REVIEW STOP REPORT

SELECTION CRITERIA: P

PERMIT NUMBER: 23060200 - REVIVE HEALTH & WELLNESS TYPE: LIFTSTATN
PARCEL ID : 053841000000034020000
PARCEL ADDRS : 838 SW FEDERAL HWY STUART, FL 34994
APPLY DATE : 06/30/23 ISSUE DATE : C/O DATE :

REVIEW STOP: P - PLUMBING
REV NO: 1 STATUS: F DATE: 07/05/23 CONT ID:
REVIEW SENT BY: snicolos DATE: 07/05/23 TIME: 15:27 TIME SPENT: 0.00
REV RECEIVD BY: snicolos DATE: TIME: SENT TO:

REVIEW NOTES:

07/05/2023 Show location and electrical connections

CITY EXHIBIT 7

CITY OF STUART
NEIGHBORHOOD SERVICES
121 SW FLAGLER AVE
STUART, FL 34994-2139

NOTICE OF VIOLATION

Oct 20, 2023

CENTRO NP DOWNTOWN PUBLIX LLC
C/O RYAN LLC TAX COMPLIANCE
500 EAST BROWARD BLVD #1130
FORT LAUDERDALE, FL 33394

Case #: CE23060025

You are hereby notified that the following violation(s) of the Code of Ordinances and/or the Land Development Regulations of the City of Stuart exists on the property listed:

ADDRESS: **838 SW FEDERAL HWY** OBSERVATION DATE: **06/13/23**
PARCEL ID #: **05384100000000034020000** CORRECTION DATE: **11/01/2023**

VIOLATION(S) AND CORRECTIVE ACTIONS:

105.1
CONSTRUCT, ENLARGE,ALTER,REPAIR,MOVE,DEMOLISH OR INSTALL WITHOUT A PERMIT.

Correction:105.1
OBTAIN REQUIRED PERMIT.

NOTICE OF HEARING SUMMONS

Failure to correct the violation(s) by the above date will result in a presentation of this matter at a hearing before the Neighborhood Services Magistrate on **11/15/2023at 2:00PM** in the City of Stuart Commission Chambers located at 121 SW Flagler Avenue, Stuart, Florida. The violation charged is a civil infraction and subjects you to a maximum civil penalty of up to $250 per offense, per day, for repeat violations.

The Neighborhood Services Magistrate will receive testimony and evidence at said Hearing and make Findings of Fact, as supported by the testimony and evidence pertaining to matters alleged in the Notice of Violation. You are entitled to present evidence and witnesses at the Hearing.

FAILURE to appear will result in the Magistrate proceeding in your absence. All fines constitute liens against the Real and Personal Property of the Respondent. Please govern yourself accordingly

An administrative fee of $300.00 will be assessed if you should fail to comply by the correction date above.

Should you require additional information regarding this notice, please contact Neighborhood Services at (772) 288-5325 or (772) 600-1254.

Neighborhood Services Officer
Vito Lorenzo / Deborah Carrasco

7022 1670 0001 3198 3617
7022 1670 0001 3198 3600
Certified Mail #

CITY EXHIBIT 8

CITY OF STUART
NEIGHBORHOOD SERVICES
121 SW FLAGLER AVE
STUART, FL 34994-2139

NOTICE OF VIOLATION

Oct 20, 2023

REVIVE HEALTH & WELLNESS STUART LLC
838 SW FEDERAL HWY
STUART, FL 34994

Case #: CE23060025

You are hereby notified that the following violation(s) of the Code of Ordinances and/or the Land Development Regulations of the City of Stuart exists on the property listed:

ADDRESS: **838 SW FEDERAL HWY** OBSERVATION DATE: **06/13/23**
PARCEL ID #: **05384100000000034020000** CORRECTION DATE: **11/01/2023**

VIOLATION(S) AND CORRECTIVE ACTIONS:

105.1
CONSTRUCT, ENLARGE,ALTER,REPAIR,MOVE,DEMOLISH OR INSTALL WITHOUT A PERMIT.

Correction:105.1
OBTAIN REQUIRED PERMIT.

NOTICE OF HEARING SUMMONS

Failure to correct the violation(s) by the above date will result in a presentation of this matter at a hearing before the Neighborhood Services Magistrate on **11/15/2023at 2:00PM** in the City of Stuart Commission Chambers located at 121 SW Flagler Avenue, Stuart, Florida. The violation charged is a civil infraction and subjects you to a maximum civil penalty of up to $250 per offense, per day, for repeat violations.

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An administrative fee of $300.00 will be assessed if you should fail to comply by the correction date above.

Should you require additional information regarding this notice, please contact Neighborhood Services at (772) 288-5325 or (772) 600-1254.

V Jay

Neighborhood Services Officer
Vito Lorenzo / Deborah Carrasco

7022 1670 0001 3198 3631
7022 1670 0001 3198 3624
Certified Mail #

CITY EXHIBIT 9

CITY OF STUART
NEIGHBORHOOD SERVICES
121 SW FLAGLER AVE
STUART, FL 34994-2139

NOTICE OF VIOLATION

Oct 20, 2023

4 TK PLUMBING LLC
2018 SE COLFAX CT
PORT ST LUCIE, FL 34952

Case #: CE23060025

You are hereby notified that the following violation(s) of the Code of Ordinances and/or the Land Development Regulations of the City of Stuart exists on the property listed:

ADDRESS: **838 SW FEDERAL HWY** OBSERVATION DATE: **06/13/23**
PARCEL ID #: **05384100000000034020000** CORRECTION DATE: **11/01/2023**

VIOLATION(S) AND CORRECTIVE ACTIONS:

105.1
CONSTRUCT, ENLARGE,ALTER,REPAIR,MOVE,DEMOLISH OR INSTALL WITHOUT A PERMIT.

Correction:105.1
OBTAIN REQUIRED PERMIT.

NOTICE OF HEARING SUMMONS

Failure to correct the violation(s) by the above date will result in a presentation of this matter at a hearing before the Neighborhood Services Magistrate on **11/15/2023at 2:00PM** in the City of Stuart Commission Chambers located at 121 SW Flagler Avenue, Stuart, Florida. The violation charged is a civil infraction and subjects you to a maximum civil penalty of up to $250 per offense, per day, for repeat violations.

The Neighborhood Services Magistrate will receive testimony and evidence at said Hearing and make Findings of Fact, as supported by the testimony and evidence pertaining to matters alleged in the Notice of Violation. You are entitled to present evidence and witnesses at the Hearing.

FAILURE to appear will result in the Magistrate proceeding in your absence. All fines constitute liens against the Real and Personal Property of the Respondent. Please govern yourself accordingly

An administrative fee of $300.00 will be assessed if you should fail to comply by the correction date above.

Should you require additional information regarding this notice, please contact Neighborhood Services at (772) 288-5325 or (772) 600-1254.

V Lorenzo

Neighborhood Services Officer
Vito Lorenzo / Deborah Carrasco

7022 1670 0001 3198 3648
7022 1670 0001 3198 3655
Certified Mail #

CITY EXHIBIT 10

7022 1670 0001 3198 3617

U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total Postage and Fees
$

Postmark Here
10/20/23

Sent To
Corporation Service Company
Street and Apt. No., or PO Box No.
450 Lexington Ave 13th Floor
City, State, ZIP+4®
New York, NY 10017

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 1670 0001 3198 3600

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total Postage and Fees
$

Postmark Here
10/20/23

c/o Ryan LLC Tax compliance

Sent To
Centro NP Downtown Publix LLC
Street and Apt. No., or PO Box No.
500 East Broward Blvd #1130
City, State, ZIP+4®
Fort Lauderdale, FL 33394

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Corporation Service Company
450 Lexington Ave, 13th Floor
New York, NY 10017

NOV CE2306025

9590 9402 7852 2234 4470 28

2 Article Number *(Transfer from service label)*
7022 1670 0001 3198 3617

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ ~~Agent~~
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
10/31

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

OCT 31 2023
CODE ENFORCEMENT
CITY OF STUART

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Centro NP Downtown Publix LLC
c/o Ryan LLC Tax compliance
500 East Broward Blvd #1130
Fort Lauderdale, FL 33394

NOV CE2306025

9590 9402 7852 2234 4470 35

2.
7022 1670 0001 3198 3600

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
Amber Solupe

C. Date of Delivery
10-25-23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
OCT 31 2023
CODE ENFORCEMENT
CITY OF STUART

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

CITY EXHIBIT

7022 1670 0001 3198 3631

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here
10/20/23

Sent To: Gina Iacovone
Street and Apt. No., or PO Box No.: 838 sw Federal Hwy
City, State, ZIP+4®: Stuart, FL 34994

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

7022 1670 0001 3198 3624

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here
10/20/23

Sent To: Revive Health + wellness stuart LLC
Street and Apt. No., or PO Box No.: 838 sw Federal Hwy
City, State, ZIP+4®: Stuart, FL 34994

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Gina Iacovone
838 sw Federal Hwy
Stuart, FL 34994

NOV CE23060025
9590 9402 7852 2234 4470 04

2. Article Number *(Transfer from service label)* 7022 1670 0001 3198 3631

PS Form 3811, July 2020 PSN 7530-02-000-9053 — Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- ☐ Agent
- ☐ Addressee

B. Received by *(Printed Name)*: Nick Burk
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
OCT 26 2023
CODE ENFORCEMENT
CITY OF STUART

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Restricted Delivery

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Revive Health + Wellness stuart LLC
838 sw Federal Hwy
Stuart, FL 34994

CE23060025
9590 9402 7852 2234 4470 11

2. Article Number *(Transfer from service label)* 7022 1670 0001 3198 3624

PS Form 3811, July 2020 PSN 7530-02-000-9053 — Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
- ☐ Agent
- ☐ Addressee

B. Received by *(Printed Name)*: Nick Burk
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
OCT 26 2023
CODE ENFORCEMENT
CITY OF STUART

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Restricted Delivery

CITY EXHIBIT 12

7022 1670 0001 3198 3648

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

10/20/23

Sent To: Christopher J Tully
Street and Apt. No., or PO Box No.: 2018 SE Colfax ct
City, State, ZIP+4®: Port St Lucie, FL 34952

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

7022 1670 0001 3198 3655

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

10/20/23

Sent To: 4 TK Plumbing
Street and Apt. No., or PO Box No.: 2018 SE Colfax Ct
City, State, ZIP+4®: Port St Lucie FL 34952

PS Form 3800, April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
4 TK Plumbing
2018 SE Colfax ct
Port St Lucie, FL 34952

CE 2360025

9590 9402 7852 2234 4469 53

2. Article Number *(Transfer from service label)*
7022 1670 0001 3198 3655

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Jennifer Tully ☑ Agent ☐ Addressee

B. Received by *(Printed Name)*: Jennifer Tully C. Date of Delivery: 10/24/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

OCT 31 2023
CODE ENFORCEMENT
CITY OF STUART

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 — Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Christopher J Tully
2018 SE Colfax Ct
Port St Lucie, FL 34952

Nov 2360025

9590 9402 7852 2234 4469 60

2. Article Number *(Transfer from service label)*
7022 1670 0001 3198 3648

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Jennifer Tully ☑ Agent ☐ Addressee

B. Received by *(Printed Name)*: Jennifer Tully C. Date of Delivery: 10/24/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

OCT 31 2023
CODE ENFORCEMENT
CITY OF STUART

3. Service Type
- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 — Domestic Return Receipt

CITY EXHIBIT M

CITY EXHIBIT 14