

Performance Property Management Services, Inc.  
13501 SW 128 St Suite 114C Miami, FL 33186  
Telephone: 866-523-5003 Fax: 866-523-5004

Order Date:	08/03/2015	Folio Number:	484224-25-1130
Internal Tax Deed Number:	35825	Parent Tract No:	NONE
Records Through	07/30/2015		
Updated Through	6/8/2016		

PROPERTY LOCATED IN BROWARD COUNTY DESCRIBED AS FOLLOWS:

Lot 15, Block 5, CRESTHAVEN NO. 11, according to the Plat thereof, recorded in Plat Book 53, Page 41, of the Public Records of Broward County, Florida.

TO: Records, Taxes & Treasury Division, Delinquent Tax Department, Broward County

**Applicant:** CAPITAL ONE, NA AS COLLATERAL ASSIGNEE FOR HMF FL D, LLC

Application has been made for Tax Deed on the above referenced property. Pursuant to chapter 197.502 and 197.522 of the Florida Statutes, below are the names and addresses of the persons you are required to notify prior to the sale of the property:

**APPARENT TITLE HOLDER & ADDRESS AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA**

O.R. Book 16602, Page 173 FRAZIER,RUTH A EST  
Warranty Deed 851 NE 32 ST  
POMPANO BEACH FL 33064-5360

**MORTGAGEE AND ADDRESS OF RECORD AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA**  
NONE

**LIEN HOLDER AND ADDRESS OF RECORD AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA**

O.R. Book 45037, Page 1472 Broward County Tax Collector  
Notice of Tax Lien NONE

**NAME AND ADDRESS OF RECORD ON CURRENT TAX ROLL**

FRAZIER,RUTH A EST  
851 NE 32 ST  
POMPANO BEACH FL 33064-5360

**NAME AND ADDRESS OF ESCROW AGENT: NONE**

**NAME AND ADDRESS OF TAX PAYING AGENT: NONE**

**APPLICATION FOR HOMESTEAD: NONE**

**GROSS ASSESSMENT: \$115,500.00**

NOTE: Tax Deed Year: 2014 Tax Deed Application#35825 Face Amount :\$2,283.42 Applicant :CAPITAL ONE,  
NA AS COLLATERAL ASSIGNEE FOR HMF FL D, LLC

**UNPAID OR OMITTED YEARS TAXES (Only Include the Years with Certificates)**

<u>TYPE</u>	<u>TAX</u>	<u>CERTIFICATE</u>	<u>FACE AMOUNT</u>	<u>CERTIFICATE HOLDER</u>
I	2015	2767	\$2658.81	BLACK CUB, LLC SB MUNI CUST FOR
I	2013	3182	\$2301.81	HHL TAX SBMUNI CUST FOR
I	2012	3184	\$1965.26	CAPITAL ONE, NA AS COLLATERAL ASSIGNEE FOR
HMF FL D, LLC				

This Report is not a Legal Opinion of Title and should not be construed as dealing with the Quality of Title used as a Certified Abstract of Title, Title Insurance Commitment or Title Insurance Policy. Under Florida Statutes Chapter 197. Furthermore no Liability is assumed by PPMS, Inc for any liens and or judgments not filed in the Official Records of Broward County, Florida. PPMS, Inc. should only be liable for the amount of loss suffered by the Broward County Revenue Collection Division, as a result of legal matters filed against them, where such loss is determined to be from PPMS, Inc's errors and omissions in performing its contractual responsibilities to the Broward County Revenue Collection Division, or for any refilling of fees that are required to bring subject property to sale.

BY: *Mitch Wilson*

BY: *A. Black*  
Authorized Signature

**Board of County Commissioners, Broward County, Florida**  
**Finance and Administrative Services Department**  
**RECORDS, TAXES & TREASURY**

**NOTICE OF APPLICATION FOR TAX DEED NUMBER 35825**

NOTICE is hereby given that the holder of the following certificate has filed said certificate for a tax deed to be issued thereon. The certificate number and year of issuance, the description of the property, and the name in which it was assessed are as follows:

Property ID: 484224-25-1130  
Certificate Number: 3184  
Date of Issuance: 06/01/2013  
Certificate Holder: CAPITAL ONE, NA AS COLLATERAL ASSIGNEE FOR HMF FL D, LLC  
Description of Property: CRESTHAVEN NO 11 53-41 B  
LOT 15 BLK 5

Name in which assessed: FRAZIER, RUTH A EST  
Legal Titleholders: FRAZIER, RUTH A EST  
851 NE 32 ST  
POMPANO BEACH, FL 33064-5360

All of said property being in the County of Broward, State of Florida.

Unless such certificate shall be redeemed according to law the property described in such certificate will be sold to the highest bidder on the 19th day of October, 2016. Pre-bidding shall open at 9:00 AM EDT, sale shall commence at 10:00 AM EDT and shall begin closing at 11:01 AM EDT at:

broward.deedauktion.net  
*\*Pre-registration is required to bid.*

Dated this 15th day of September, 2016.

Bertha Henry  
County Administrator  
RECORDS, TAXES, AND TREASURY DIVISION

By:   
Dana F. Buker  
Deputy

This Tax Deed is Subject to All Existing Public Purpose Utility and Government Easements. The successful bidder is responsible to pay any outstanding taxes.

Publish: DAILY BUSINESS REVIEW  
Issues: 09/15/2016, 09/22/2016, 09/29/2016 & 10/06/2016  
Minimum Bid: 12254.01

**Board of County Commissioners, Broward County, Florida  
Records, Taxes, & Treasury**

**CERTIFICATE OF MAILING NOTICES**

**Tax Deed # 35825**

**STATE OF FLORIDA  
COUNTY OF BROWARD**

THIS IS TO CERTIFY that I, County Administrator in and for Broward County, Florida, did on the 1st day of September 2016, mail a copy of the Notice of Application for Tax Deed to the following persons prior to the sale of property, and that payment has been made for all outstanding Tax Certificates or, if the Certificate is held by the County, that all appropriate fees have been paid and deposited:

**CITY OF POMPANO BEACH  
100 WEST ATLANTIC BLVD  
POMPANO BEACH, FL 33060**

**FRAZIER, RUTH A EST  
851 NE 32 ST  
POMPANO BEACH FL 33064-5360**

**ARGENZIANO, THOMAS A  
841 NE 32 ST  
POMPANO BEACH FL 33064**

**BLACK CUB, LLC  
SB MUNI CUST FOR  
PO BOX 37756  
BALTIMORE, MD 21297-3756**

**CITY OF POMPANO BEACH  
100 W. ATLANTIC BLVD., SUITE 467  
POMPANO BEACH, FL 33060**

**PASSOS, WEBER E  
840 NE 32 CT  
POMPANO BEACH FL 33064**

**THE FOLLOWING AGENCIES WERE NOTIFIED BY INTEROFFICE**

**BROWARD COUNTY CODE ENFORCEMENT  
PERMITTING LICENSING & PROTECTION DIVISION  
ATTN: DIANE JOHNSON  
GCW-1 NORTH UNIVERSITY DR  
PLANTATION, FL 33324**

**BROWARD COUNTY CODE & ZONING  
ENFORCEMENT SECTION  
PLANNING & REDEVELOPMENT DIV.  
ENVIRONMENTAL PROTECTION & GROWTH  
MGMT DEPT  
ATTN: GORDON MILLER  
GCW - 1 NORTH UNIVERSITY DR, MAILBOX 302  
PLANTATION, FL 33324**

**BROWARD COUNTY HIGHWAY CONSTRUCTION &  
ENGINEERING DIVISION, RIGHT OF WAY SECTION  
ATTN: FRANK J GUILIANO  
ONE N. UNIVERSITY DR., STE 300-B  
PLANTATION, FL 33324**

**BROWARD COUNTY WATER & WASTEWATER  
ATTN: RACHEL FLEURY-CHARLES  
2555 W. COPANS RD  
POMPANO BEACH, FL 33069**

**BROWARD COUNTY PUBLIC WORKS DEPT  
REAL PROPERTY SECTION  
ATTN: MARIE HAMMOND  
115 S ANDREWS AVE, ROOM 326  
FORT LAUDERDALE FL 33301**

**BROWARD COUNTY SHERIFF'S DEPT.  
ATTN: CIVIL DIVISION  
FT. LAUDERDALE, FL 33315**

**I certify that notice was provided pursuant to Florida Statutes, Section 197.502(4)**

I further certify that I enclosed with every copy mailed, a statement as follows: 'Warning - property in which you are interested' is listed in the copy of the enclosed notice.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this 1st day of September 2016 in compliance with section 197.522 Florida Statutes, 1995, as amended by Chapter 95-147 Senate Bill No. 596, Laws of Florida 1995.

**SEAL**

**Bertha Henry  
COUNTY ADMINISTRATOR  
Finance and Administrative Services Department  
Records, Taxes, & Treasury Division**

By \_\_\_\_\_  
Deputy **Rebecca Leder**

401-316 Revised 05/13

FROM THE COUNTY ADMINISTRATOR, BROWARD COUNTY, FORT LAUDERDALE, FLORIDA

**DATE: September 1, 2016**

**PROPERTY ID # 484224-25-1130 (TD # 35825)**

# **WARNING**

PROPERTY IN WHICH YOU ARE INTERESTED IS LISTED IN THE ENCLOSED NOTICE

**AS PER FLORIDA STATUTES 197.542, THE PROPERTY AT 851 NE 32 ST  
POMPAÑO BEACH FL 33064-5360 IS BEING SCHEDULED FOR TAX DEED AUCTION.  
ONCE THE PROPERTY IS SOLD IT CAN NOT BE REDEEMED. OTHER TAX YEARS MAY  
BE OWED BUT NOT INCLUDED IN THE AMOUNT BELOW PLEASE CALL FOR MORE  
INFORMATION.**

**FLA. STATUTES REQUIRE US TO NOTIFY ALL PROPERTY OWNERS WHO LIVE AROUND  
THE PROPERTY THAT'S GOING UP FOR SALE. IF YOU DO NOT OWN OR HAVE LEGAL  
INTEREST IN THIS PROPERTY, PLEASE DISREGARD THIS LETTER.**

**PAYMENT MUST BE MADE IN CASH, MONEY ORDER OR CASHIER'S CHECK; PERSONAL  
OR BUSINESS CHECKS ARE NOT ACCEPTED.**

**AMOUNT NECESSARY TO REDEEM: (See amount below)**

**MAKE CHECKS PAYABLE TO: BROWARD COUNTY TAX COLLECTOR**

**\* Amount due if paid by September 30, 2016 .....\$ 9,344.03**

**Or**

**\* Amount due if paid by October 18, 2016 .....\$ 9,456.01**

**\*AMOUNTS DUE MAY BE SUBJECT TO ADDITIONAL FEES. PLEASE CALL (954) 357-5374  
FOR THE CORRECT AMOUNT DUE PRIOR TO SUBMITTING PAYMENT FOR REDEMPTION.**

**THERE ARE UNPAID TAXES ON THIS PROPERTY AND WILL BE SOLD AT PUBLIC  
AUCTION ON OCTOBER 19, 2016 UNLESS THE BACK TAXES ARE PAID.**

**TO MAKE PAYMENT, OR TO RECEIVE FURTHER INFORMATION, CONTACT THE RECORD,  
TAXES & TREASURY DIVISION, TAX DEED SECTION, 115 S. ANDREWS AVENUE ROOM  
#A-100, FORT LAUDERDALE, FLORIDA 33301-1895. PHONE: (954) 357-5374**

**FOR TAX DEEDS PROCESS AND AUCTION RULES, PLEASE VISIT  
[www.broward.org/recordstaxestreasury](http://www.broward.org/recordstaxestreasury)**

Assignment:

9832 SERVE ASAP RTN TO TAX NOTICE TRAY

Service Sheet #

16-041473

BROWARD COUNTY, FL vs. FRAZIER, RUTH A EST

TD 35825

TAX SALE NOTICE

VS. COUNTY/BROWARD

DEFENDANT 10/19/2016

CASE

TYPE OF WRIT

FRAZIER, RUTH A EST

COURT

HEARING DATE

SERVE

851 NE 32 ST  
POMPANO BEACH, FL 33064

Received this process on

9/7/2016

Date

14279

BROWARD COUNTY REVENUE-DELINQ TAX SECTION  
115 S. ANDREWS AVENUE, ROOM A-100  
FT LAUDERDALE, FL 33301

REBECCA LEDER, SUPV.

17448

Attorney

Date

Time

FRAZIER, RUTH A EST

On \_\_\_\_\_, in Broward County, Florida, by serving the within named person a true copy of the writ, with the date and time of service endorsed thereon by me, and a copy of the complaint, petition, or initial pleading, by the following method:

☐ INDIVIDUAL SERVICE

**SUBSTITUTE SERVICE:**

☐ At the defendant's usual place of abode on "any person residing therein who is 15 years of age or older", to wit:

\_\_\_\_\_, in accordance with F.S. 48.031(1)(a)

☐ To \_\_\_\_\_, the defendant's spouse, at \_\_\_\_\_ in accordance with F.S. 48.031(2)(a)

☐ To \_\_\_\_\_, the person in charge of the defendant's business in accordance with F.S. 48.031(2)(b), after two or more attempts to serve the defendant have been made at the place of business

**CORPORATE SERVICE:**

☐ To \_\_\_\_\_, holding the following position of said corporation \_\_\_\_\_ in the absence of any superior officer in accordance with F.S. 48.081

☐ To \_\_\_\_\_, an employee of defendant corporation in accordance with F.S. 48.081(3)

☐ To \_\_\_\_\_, as resident agent of said corporation in accordance with F.S. 48.091

☐ **PARTNERSHIP SERVICE:** To \_\_\_\_\_, partner, or to \_\_\_\_\_, designated employee or person in charge of partnership, in accordance with F.S. 48.061(1)

☐ **POSTED RESIDENTIAL:** By attaching a true copy to a conspicuous place on the property described in the complaint or summons. Neither the tenant nor a person residing therein 15 years of age or older could be found at the defendant's usual place of abode in accordance with F.S. 48.183

1<sup>st</sup> attempt date/time: \_\_\_\_\_

2<sup>nd</sup> attempt date/time: \_\_\_\_\_

☐ **POSTED COMMERCIAL:** By attaching a true copy to a conspicuous place on the property in accordance with F.S. 48.183

1<sup>st</sup> attempt date/time: \_\_\_\_\_

2<sup>nd</sup> attempt date/time: \_\_\_\_\_

☒ **OTHER RETURNS:** See comments

COMMENTS:

posted on door

You can now check the status of your writ by visiting the Broward Sheriff's Office Website at [www.sheriff.org](http://www.sheriff.org) and clicking on the icon "Service Inquiry"

SCOTT J. ISRAEL, SHERIFF  
BROWARD COUNTY, FLORIDA

BY:

9032  
BARNHOUSE

D.S.

ORIGINAL



FROM THE COUNTY ADMINISTRATOR, BROWARD COUNTY, FORT LAUDERDALE, FLORIDA  
**PROPERTY ID # 484224-25-1130 (TD # 35825 )**

# **WARNING**

PROPERTY IN WHICH YOU ARE INTERESTED IS LISTED IN THE ENCLOSED NOTICE

**BROWARD COUNTY SHERIFF'S DEPT  
ATTN: CIVIL DIVISION  
FT LAUDERDALE, FL 33312**

## **NOTE**

AS PER FLORIDA STATUTES 197.542, THIS PROPERTY IS BEING SCHEDULED FOR TAX DEED AUCTION, AND WILL NO LONGER BE ABLE TO BE REDEEMED. OTHER TAX YEARS MAY BE OWED BUT NOT INCLUDED IN THE AMOUNT BELOW PLEASE CALL FOR MORE INFORMATION.

FLA. STATUTES REQUIRE US TO NOTIFY ALL PROPERTY OWNERS WHO LIVE AROUND THE PROPERTY THAT'S GOING UP FOR SALE. IF YOU DO NOT OWN OR HAVE LEGAL INTEREST IN THIS PROPERTY, PLEASE DISREGARD THIS LETTER.

PAYMENT MUST BE MADE IN CASH, MONEY ORDER OR CASHIER'S CHECK; PERSONAL OR BUSINESS CHECKS ARE NOT ACCEPTED.

AMOUNT NECESSARY TO REDEEM: (See amount below)

MAKE CHECKS PAYABLE TO: BROWARD COUNTY TAX COLLECTOR

\* Amount due if paid by September 30, 2016 .....\$ 9,344.03

Or

\* Amount due if paid by October 18, 2016 .....\$ 9,456.01

\*AMOUNTS DUE MAY BE SUBJECT TO ADDITIONAL FEES. PLEASE CALL (954) 357-5374 FOR THE CORRECT AMOUNT DUE PRIOR TO SUBMITTING PAYMENT FOR REDEMPTION.

THERE ARE UNPAID TAXES ON THIS PROPERTY AND WILL BE SOLD AT PUBLIC AUCTION ON OCTOBER 19, 2016 UNLESS THE BACK TAXES ARE PAID.

TO MAKE PAYMENT, OR TO RECEIVE FURTHER INFORMATION, CONTACT THE RECORD, TAXES & TREASURY DIVISION, TAX DEED SECTION, 115 S. ANDREWS AVENUE ROOM #A-100, FORT LAUDERDALE, FLORIDA 33301-1895. PHONE: (954) 357-5374 OR 5395  
FOR TAX DEEDS PROCESS AND AUCTION RULES, PLEASE VISIT

[www.broward.org/recordstaxestreasury](http://www.broward.org/recordstaxestreasury)

**PLEASE SERVE THIS ADDRESS OR LOCATION**

**FRAZIER, RUTH A EST  
851 NE 32 ST  
POMPANO BEACH FL 33064-5360**

**NOTE: THIS IS THE ADDRESS OF THE PROPERTY SCHEDULED FOR AUCTION**

WARRANTY DEED  
INDIVID. TO INDIVID.

89284595

**This Warranty Deed** Made the 14th day of July A. D. 19 89 by

WILLIAM K. JOHNSON and GEORGETTE D. JOHNSON, his wife

hereinafter called the grantor, to

RUTH A. FRAZIER, a single woman

whose postoffice address is 851 NE 32nd St. Pompano Beach, Fl. 33064  
hereinafter called the grantee: SS: [REDACTED]

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

**Witnesseth:** That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Broward County, Florida, viz:

Lot 15, Block 5, CRESTHAVEN NO. 11, according to the Plat thereof, recorded in Plat Book 53, Page 41, of the Public Records of Broward County, Florida.

Subject to the assumption of that certain Mortgage held by STOCKTON, WHATLEY, DAVIN & CO., dated September 15, 1977 and recorded September 19, 1977 in O.R. Book 7206, Page 5, of the Public Records of Broward County, Florida, encumbering subject property in the original principal amount of \$29,500.00, which the Grantee herein agrees to assume and pay.  
Subject to restrictions, reservations, conditions and easements of record, if any, and taxes for the year 1989 and subsequent years.**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.**To Have and to Hold,** the same in fee simple forever.**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 19 88RECORDED IN THE OFFICIAL RECORDS BOOK  
OF BROWARD COUNTY, FLORIDAL. A. HESTER  
COUNTY ADMINISTRATOR**In Witness Whereof,** the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]  
WITNESS  
[Signature]  
WITNESS[Signature]  
WILLIAM K. JOHNSON  
[Signature]  
GEORGETTE D. JOHNSONSTATE OF Florida  
COUNTY OF Broward

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

WILLIAM K. JOHNSON and GEORGETTE D. JOHNSON,  
his wife

to me known to be the person described in and who executed the foregoing instrument and they acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 14 day of July, A. D. 19 89.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES AUG. 30, 1992  
BONDED THROUGH AGENT'S NOTARY BROKERThis instrument prepared by: SUPERIOR TITLE & GUARANTY CORP.  
Address 1000 S. FEDERAL HIGHWAY  
DEERFIELD BEACH, FLORIDA 33441

Alesia Zeht

BK 16602PG0 173



Case Number: H-07-12-8953

PA-453  
R.06/96

## Notice of Tax Lien For Homestead Exemption and/or Limitation Exclusion

Broward County

Pursuant to the provisions of Sections 196.031, Florida Statutes, homestead exemption has been allowed on the property described below and the taxpayer named below received exemption(s) for a homestead in the aggregate amount of \$25,761.82 for 7 years. In accordance with §196.011(9)(a), §196.161(1)(a) and §193.155 Florida Statutes, notice is hereby given that the recipient(s) named below was not legally entitled to receive said exemption(s) or limitation(s) because said person (s) Owner is Deceased. The statutes provide for recovery of unpaid taxes by means of a lien, including a 50% penalty and 15% interest for any year or years within the prior 10 years from the person(s) who was not entitled, but granted a homestead tax exemption. This document shall constitute a lien on the real property specifically addressed and legally owned by said taxpayer in the State of Florida.

Date: 12/14/2007

218209

FOR OFFICIAL USE ONLY

PARCEL ID# 8224-25-1130

NAME FRAZIER, RUTH A EST  
ADDRESS 851 NE 32ND ST  
POMPANO BEACH FL 33064-5360  
PROPERTY DESCRIPTION CRESTHAVEN NO 11 53-41 B LOT 15  
BLK 5

Apply Penalty & Interest

Tax Year/ Date tax due	Millage Code	Value Exempted	Assessment limitation value	Total value (3 + 4)	Tax due from wrongful assessment limitation & value exempted	Penalty	Interest	TOTAL (6 + 7 + 8)
1	2	3	4	5	6	7	8	
2000	1521	25,500	4,430	29,930	\$745.32	\$372.66	\$801.22	\$1,919.21
2001	1521	25,500	8,160	33,660	\$832.11	\$416.05	\$769.70	\$2,017.86
2002	1521	25,500	28,600	54,100	\$1,341.24	\$670.62	\$1,039.46	\$3,051.33
2003	1521	25,500	50,950	76,450	\$1,856.37	\$928.18	\$1,160.23	\$3,944.78
2004	1521	25,500	64,250	89,750	\$2,141.34	\$1,070.67	\$1,017.13	\$4,229.14
2005	1521	25,500	90,530	116,030	\$2,670.56	\$1,335.28	\$867.93	\$4,873.77
2006	1521	25,500	134,640	160,140	\$3,418.35	\$1,709.17	\$598.21	\$5,725.73

Total Back Assessment \$25,761.82

\*NOTICE TO COLLECTOR: The 50% penalty applies to the year(s) the taxes were exempted and is calculated individually for each homestead exemption violation post January 1, 1990. The interest shall be based on the taxes exempted from the date the taxes become due for each assessment until satisfaction of this lien. The Tax Collector shall also collect any fees and costs which the Property Appraiser or the Tax Collector has incurred in filing this lien, or collecting same.

Fees and cost paid by the Property Appraiser: \_\_\_\_\_ Fees and costs paid by the Tax Collector: \_\_\_\_\_

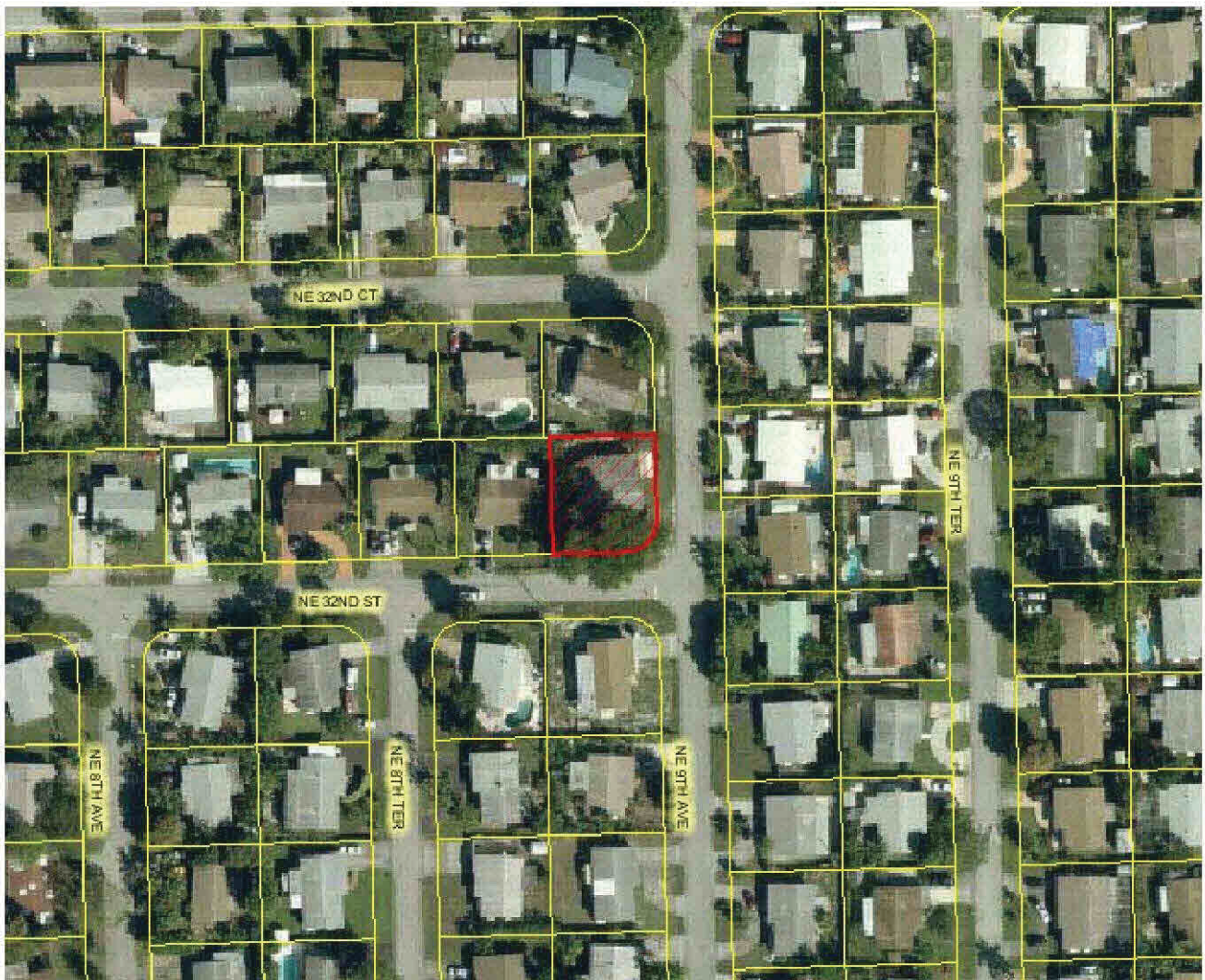
"Under penalties of perjury, I declare that I have read the forgoing notice of tax lien and that the facts stated in it are true. If prepared by someone other than the Property Appraiser, his declaration is based on all information of which he has any knowledge."

*Ronald J. Acciature*  
Signature and Title

JAN 25 2008  
Date

Payment shall include all unpaid taxes, penalties, interest, fees, cost or the lien shall not be satisfied





7015 3010 0001 7558 8210

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postmark  
Here

Postage

\$

Total

\$

Sender

Street

City

TD 35825 OCT 2016 WARNING  
CITY OF POMPANO BEACH  
100 WEST ATLANTIC BLVD  
POMPANO BEACH, FL 33060

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3010 0001 7558 8227

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |  |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |  |
| <input type="checkbox"/> Adult Signature Required            | \$ |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |  |

Postmark  
Here

Postage

\$

Total Postage

\$

Sent To

Street or

City, State

TD 35825 OCT 2016 WARNING  
FRAZIER, RUTH A EST  
851 NE 32 ST  
POMPANO BEACH FL 33064-5360

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3010 0001 7558 8234

U.S. Postal Service<sup>™</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |  |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |  |
| <input type="checkbox"/> Adult Signature Required            | \$ |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |  |

Postmark  
Here

Postage

\$

Total Po:

\$

Sent To

Street a:

City, State, ZIP

TD 35825 OCT 2016 WARNING  
ARGENZIANO, THOMAS A  
841 NE 32 ST  
POMPANO BEACH FL 33064

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7015 3010 0001 7552 8203

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- |  |    |  |
|--|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |  |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |  |
| <input type="checkbox"/> Adult Signature Required            | \$ |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |  |

Postmark  
Here

Postage

\$

Total

\$

Sent

Street

City, State

**TD 35825 OCT 2016 WARNING**  
**BLACK CUB, LLC**  
**SB MUNI CUST FOR**  
**PO BOX 37756**  
**BALTIMORE, MD 21297-3756**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3010 0001 7558 8197

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage

\$

Total Postage

\$

Sent To

Street and

City, State,

TD 35825 OCT 2016 WARNING  
CITY OF POMPANO BEACH  
100 W. ATLANTIC BLVD., SUITE 467  
POMPANO BEACH, FL 33060

Postmark  
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3010 0001 7558 8180

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Ac	\$	

Postmark  
Here

Postage

\$

Total

\$

Sen

Stre

City, State, ZIP+4<sup>®</sup>

TD 35825 OCT 2016 WARNING  
PASSOS,WEBER E  
840 NE 32 CT  
POMPANO BEACH FL 33064

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) ☐ Date of Delivery

1. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

TD 35825 OCT 2016 WARNING  
CITY OF POMPANO BEACH  
100 WEST ATLANTIC BLVD  
POMPANO BEACH, FL 33060



9590 9402 1346 5285 4234 56

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 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.

TD 35825 OCT 2016 WARNING  
BLACK CUB, LLC  
SB MUNI CUST FOR  
PO BOX 37756  
BALTIMORE, MD 21297-3756



9590 9402 1346 5285 4228 62

2. Article Number (Transfer from service label)  
7015 3010 0001 7558 8203

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent
- X** **F. Nwabuzo** ☐ Addressee
- B. Received by (Printed Name) **F. Nwabuzo** C. Date of Delivery **SEP 19 2016**
- D. Is delivery address different from return address? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
- 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. TD 35825 OCT 2016 WARNING  
CITY OF POMPANO BEACH  
100 W. ATLANTIC BLVD., SUITE 467  
POMPANO BEACH, FL 33060



9590 9402 1346 5285 4229 92

2. PS Form 3811, July 2015 PSN 7530-02-000-9053

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) ☐ Date of Delivery

C. Is delivery address different from item 1? ☐ Yes ☐ No

D. If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt