



THE SUNRISE CITY

FORT PIERCE
CITY CLERK'S OFFICE
Florida

March 21, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
AND FIRST CLASS REGULAR MAIL

TTLREO 2 LLC
4747 EXECUTIVE DR, STE 510
SAN DIEGO, CA, 92121

JOHN LEMKEY
4747 EXECUTIVE DR, SUITE 510
SAN DIEGO, CA, 92121

Dear Interested Parties:

Pursuant to Resolution 18-R11, certified copy enclosed, there will be a Public Hearing before the City Commission of the City of Fort Pierce, Florida, at their meeting which begins at 6:30 p.m. on Monday, April 16, 2018 in the City Hall Commission Chambers, 100 North U.S. #1, Fort Pierce, Florida, allowing interested parties to show cause as to why the building or structure located at 513 N 13th Street should not be condemned and its removal or destruction required. (Parcel ID 2409-502-0006-000/4).

All interested parties are invited to attend this meeting and be heard.

Very truly yours,

Linda W. Cox
City Clerk

cc: Peggy Arraiz, Code Compliance Manager

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:

TTLREO 2 LLC
 4747 Executive Dr, Ste 510
 San Diego, CA 92121



9590 9403 0266 5155 5954 95

2. Article Number (Transfer from service label)

7002 2030 0003 2446 9776

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) *Brenda Rosenbly* C. Date of Delivery *3/27/18*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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)

7002 2030 0003 2446 9776

U.S. Postal Service™
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 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & F		
Sent To	TTLREO 2 LLC	
Street, Apt. No., or PO Box No.	4747 Executive Dr, Ste 510	
City, State, ZIP+4	San Diego, CA 92121	

PS Form 3800, June 2002 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:

John Lemkey
 4747 Executive Dr, Ste 510
 San Diego, CA 92121



9590 9403 0266 5155 5955 01

2. Article Number (Transfer from service label)

7002 2030 0003 2446 9783

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

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