



**COMMUNITY DEVELOPMENT DEPARTMENT
PLAT VACATION APPLICATION**

Date Received:	Date of Log-in:
Petition #:	
Receipt #:	Amount Paid:

1. Name of plat to be vacated: A portion of Resubdivision of Tamiami

2. Plat Book # 2 **Page(s) #** 24 1/2

3. Parties involved in the application

A. Name of Applicant* (*Applicant must be owner of record*):

EIP IV FL CALOOS LAND LLC

Mailing Address: PO Box 130339

<u>City: Carlsbad</u>	<u>State:</u>	<u>Zip Code: 92013</u>
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<u>Phone Number: 449-921-9441</u>	<u>Fax Number:</u>
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Email Address: zack@ecosystempartners.com

* The name and address of every person having a beneficial interest in this property, however small, in the form of a partnership, limited partnership, corporation, trust, or in any form of representative capacity whatsoever for others, shall be disclosed and a list attached to this application, with no exceptions.

B. Name of Agent: Robert H. Bertsson

Mailing Address: 3195 S. Access Road

<u>City: Englewood</u>	<u>State: FL</u>	<u>Zip Code: 34224</u>
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<u>Phone Number: 941-627-1000 x5</u>	<u>Fax Number:</u>
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Email Address: rbertsson@bigwlaw.com

C. Name of Surveyor: On Point Surveying, Inc.

Mailing Address: 502 Oakland Terrace

<u>City: Lake Mary</u>	<u>State: FL</u>	<u>Zip Code: 32746</u>
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<u>Phone Number: 407-989-8102</u>	<u>Fax Number:</u>
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Email Address: www.on-pointsurveying.com

4. Property ID #*:

402734200001

*If there are more than can fit on the above line, attach a separate page with listing of ID #s.

5. Section 34 Township: 40 Range: 27

6. Commission District: 1

7. Total acreage of project site: _____

8. *Zoning designation(s): AG

*Future Land Use Map designation(s): Agriculture

*if more than one, provide acreage of each

9. Purpose of request: To vacate the remaining portion of the previously vacated subdivision to allow for the creation of a mitigation bank.

10. Names and acreage of all streets to be vacated as part of this application: Unnamed, unbuilt
platted streets

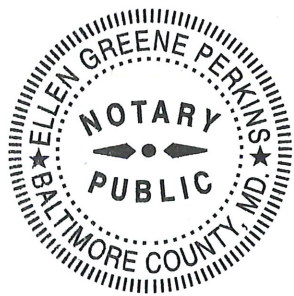
AFFIDAVIT

I, the undersigned, being first duly sworn, depose and say that I am the applicant or agent for this Plat Vacation and that data and other supplementary matter attached to and made part of the application are honest and true to the best of my knowledge.

STATE OF Maryland, COUNTY OF Baltimore

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this Dec 11th day of 2020, by Zachary Davidson, who is personally known, or produced identification with _____ and did did not take an oath.

<u>[Signature]</u> Notary Public Signature	<u>[Signature]</u> Signature of Applicant/Agent
<u>Ellen Greene Perkins</u> Notary Printed Signature	<u>ZACHARY DAVIDSON</u> Printed Signature of Applicant/Agent
<u>None</u> Title	<u>5550 Newbury St, Suite B</u> Address
<u>NA</u> Commission Code	<u>Baltimore, MD 21209</u> City, State, Zip
	<u>727-644-2225</u> Telephone Number



APPLICANT AUTHORIZATION TO AGENT

I, the undersigned, being first duly sworn, depose and say that I am the applicant for the Plat Vacation of the property described and which is the subject matter of the proposed hearing.

I give authorization for Robert H. Bertsson to be my agent for this application.

STATE OF Maryland, COUNTY OF Baltimore

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this Dec 11th day of 2025, by Zachary Davidson, who is personally known, or produced identification with _____ and did did not take an oath.

<u>Ellen</u>	<u>Zachary Davidson</u>
Notary Public Signature	Signature of Applicant
<u>Ellen Greene Perkins</u>	<u>ZACHARY DAVIDSON</u>
Notary Printed Signature	Printed Signature of Applicant
<u>Managing Dir Finance</u>	<u>5550 Newburg St</u>
Title	Address
<u>NA</u>	<u>Baltimore, MD, 21209</u>
Commission Code	City, State, Zip
	<u>727-644-2225</u>
	Telephone Number

