



City of Pompano Beach
 Department of Development Services
 Planning & Zoning Division

P&Z#: 22-17000010

100 W. Atlantic Blvd Pompano Beach, FL 33060
 Phone: 954.786.4679 Fax: 954.786.4666

Development Application

Project Type: Special Exceptions

Submission #: SPEX-2022-9

Site Data			
Project Name:	Pompano Beach FSER	Size of property:	70836.0
Street Address:	2200 N Federal Highway	Number of units (Residential):	0.0
Folio Number(s):	4843 30 15 0230	Total square feet of the building* (Non-Residential):	10860.0
Project Narrative:	Proposed development of a free-standing emergency room facility approximately 10,860 square feet in size. Please see narrative for further details.		

Applicant			Landowner (Owner of Record)		
Name:			Business Name (if applicable):		
Shane Zalonis for Greenspoon Marder LLP			R I P HOLDINGS LLC		
Title:			Print Name:		
Paralegal					
Street Address:			Street Address:		
200 East Broward Boulevard, Suite 1800			1502 SW 2 PL		
Mailing Address City/ State/ Zip:			Mailing Address City/ State/ Zip:		
Fort Lauderdale	FL	33301	POMPANO BEACH	FL	33069
Phone Number:			Phone Number:		
954-527-6258			954-943-2288		
Email:			Email:		
shane.zalonis@gmlaw.com			lloush@sgm.cc		

ePlan agent (if different):	
Name of ePlan agent:	
Email of ePlan agent:	
Phone Number of ePlan agent:	



OWNER'S CERTIFICATE

This is to certify that:

- I am the owner of the property, or
- I am authorized by the owner of the property to submit this application on their behalf and (if I am not the owner of the property) I will submit documentation that confirms my authority.

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.

By signing below, I agree that if the proposed development is found not in compliance with the applicable standards and minimum requirements of this Code then no building permit will be issued until those conditions the Development Services Director finds reasonably necessary to ensure compliance are met.

By signing below, I acknowledge that development applications must have a determination by the governing municipality of approved, approved with conditions, or denied within 120 days from a complete submittal for projects that do not require final action through a quasi-judicial hearing or a public meeting and within 180 days from a complete submittal for projects that do require final action through a quasi-judicial hearing or a public meeting per FL Stat § 166.033 and the Pompano Beach Code Section 155.2303.F.3. It is the responsibility of the applicant to receive all final Development Orders and receive this determination within the allotted timeframe. If the applicant fails to resubmit an application within 30 calendar days after being first notified of deficiencies of the submittal, the application shall be considered withdrawn and a \$100 non-refundable administrative fee will apply (155.2303.F.2.b). Additionally, if all required approvals are not received within the allotted timeframe the application will automatically be denied unless both the City and the applicant agree to an extension of time (155.2303.I).

By signing below, I acknowledge that lying or misrepresentation in the application can lead to revocation. (155.8402. B. *Revocation of Approval*).

Name: Shane Zalonis for Greenspoon Marder LLP 08/15/2022

Signature: Shane Zalonis

R.I.P. HOLDINGS, LLC

1502 SW 2ND PL, POMPANO BEACH, FL 33069

August 8, 2022

To Whom It May Concern:

We hereby authorize Greenspoon Marder LLP to act as lobbying agents in connection with obtaining governmental permits and approvals necessary for the property located in the City of Pompano Beach, Florida, identified by folio ID #484330150230.

R.I.P. HOLDINGS, LLC

[Handwritten Signature]

By:

RONNIE I. PICOU

Print Name

Title *PRESIDENT / CEO*

STATE OF) ss
COUNTY OF)

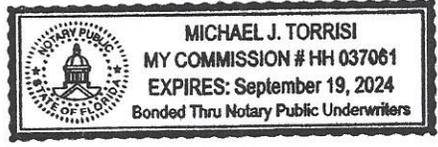
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by means of { } physical presence or { } online notarization by *RONNIE I. PICOU* who is personally known to me or who has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this *9th* day of *August*, 2022.

[Handwritten Signature]
Notary Public

Michael J. Torrisi
Typed, printed or stamped name of Notary Public

My Commission Expires:



2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115190

Entity Name: R.I.P. HOLDINGS, LLC

Current Principal Place of Business:

1502 SW 2ND PLACE
POMPANO BEACH, FL 33069

Current Mailing Address:

1502 SW 2ND PLACE
POMPANO BEACH, FL 33069

FEI Number: 26-3900256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PICOU, RONNIE I
1502 SW 2ND PLACE
POMPANO BEACH, FL 33069 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RONNIE I PICOU

02/18/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PICOU, RONNIE I
Address 1502 SW 2ND PLACE
City-State-Zip: POMPANO BEACH FL 33069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONNIE I PICOU

MGRM

02/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date