



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

P&Z#: 24-15000008

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

Development Application

Project Type: Temporary Use Permits

Submission #: TEMP-2024-15

Site Data			
Project Name:	Major Temporary Use - Wood Deck Submittal	Size of property:	17294.0
Street Address:	2798 E Atlantic BLVD	Number of units (Residential):	0.0
Folio Number(s):	49-43-06-01-0040	Total square feet of the building* (Non-Residential):	
Project Narrative:	New exterior wood deck		

Applicant		Landowner (Owner of Record)	
Name:		Business Name (if applicable):	
Philip Shipley		AMKIN ATLANTIC SQUARE LLC	
Title:		Print Name:	
Owner		Ramon Llorens	
Street Address:		Street Address:	
2164 NE 27th Dr.		1450 Brickell Ave	
Mailing Address City/ State/ Zip:		Mailing Address City/ State/ Zip:	
Wilton Manors Florida 33306		Miami Florida 33131	
Phone Number:		Phone Number:	
760-678-9078		305-760-6030	
Email:		Email:	
phil@pikeycoffee.com		RLlorens@amkinre.com	
ePlan agent (if different):			
Name of ePlan agent:			
Email of ePlan agent:			
Phone Number of ePlan agent:			



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Owner's Certificate
Temporary Use
Permits
TEMP-2024-15

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: SEE ATTACHED SIGNATURE 10/23/2024

Signature: SEE ATTACHED SIGNATURE



City of Pompano Beach
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100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4634 Fax: 954.786.4666

Major Temporary Use Application

2798 E Atlantic Blvd, Pompano Beach FL 33330		TO-EOD - TRANSIT ORIENTED
STREET ADDRESS		Zoning District
Marshalls Sub Of Gov Lts 1 & 2		
Subdivision	Block	Lot
Representative or Agent's interest in property (Owner, Lessee, Etc)	NEW TENANTS OF SPACE	
Has any previous application(s) been filed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If Yes, give date of hearing and finding		

Owner's Representative or Agent	Landowner (Owner of Record)
Philip Shipley	Amkin Atlantic Square, LLC
Business Name (if applicable)	Business Name (if applicable)
Gypset Entertainment LLC	Ramon Llorens. Managing Director
Print Name and Title	Print Name and Title
Philip Shipley, owner	Ramon Llorens, mGR
Signature	Signature
Date	10/21/2024
10/22/24	1450 Brickell Ave.
Street Address	Street Address
2164 NE 27th Dr.	Miami, FL 33131
Mailing Address City/ State/ Zip	Mailing Address City/ State/ Zip
Wilton Manors, FL 33306	(305) 760-6030
Phone Number	Phone Number
(760) 678-9078	RLlorens@amkinre.com
Email Phil@pikeycoffee.com	Email
Indicate your preferred medium to receive agendas and notifications: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> E-Mail	Indicate your preferred medium to receive agendas and notifications: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> E-Mail



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Phone: 954.786.4634 Fax: 954.786.4666

Major Temporary Use Application

OWNERS CERTIFICATE

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. I further certify that this request is not related to any existing violation of the zoning code.

Note: If this request is related to an existing zoning violation, please submit documentation as to the Special Master's disposition of the matter.

Owner's Name: Amkin Atlantic Square, LLC
(Print or Type)
Address: 1450 Brickell Ave.
Miami, FL 33131
Phone: (305) 760-6030 (Zip Code)
Email address: RLlorens@amkinre.com

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this 21 day of October, 2024.

NOTARY PUBLIC, STATE OF FLORIDA

Johana Ordonez
(Name of Notary Public. Print, stamp, or Type as Commissioned.)

- ☒ Personally know to me, or
☐ Produced identification:

(Type of Identification Produced)



2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000029760

Entity Name: AMKIN ATLANTIC SQUARE LLC

Current Principal Place of Business:

1450 BRICKELL AVE
SUITE 1450
MIAMI, FL 33131

Current Mailing Address:

1450 BRICKELL AVE
SUITE 1450
MIAMI, FL 33131 US

FEI Number: 81-1438048

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD.
PH 12TH FLOOR
CORAL GABLES, FL 33134 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: RENE MURAI

04/30/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER

Name AMKIN MANAGEMENT LLC

Address 1450 BRICKELL AVE
SUITE 1450

City-State-Zip: MIAMI FL 33131

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: AMKIN MANAGEMENT LLC

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000108425

Entity Name: AMKIN MANAGEMENT LLC

Current Principal Place of Business:

1450 BRICKELL AVE
SUITE 1450
MIAMI, FL 33131

Current Mailing Address:

1450 BRICKELL AVE
SUITE 1450
MIAMI, FL 33131 US

FEI Number: 47-1654281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD.
PH 12TH FLOOR
CORAL GABLES, FL 33134 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: RENE MURAI

04/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LLORENS, RAMON
Address 1450 BRICKELL AVE
SUITE 1450
City-State-Zip: MIAMI FL 33131

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: RAMON LLORENS

MANAGER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date