

**BROWARD SHERIFF'S OFFICE
TRESPASS AFFIDAVIT**

Sworn deputies of the Broward Sheriff's Office are authorized representatives to enforce FS 810.08 and/or 810.09 (Trespass) and warn/direct any person to leave the premise of (Legal Business Name) OT Property Group, LLC

D.B.A. _____

Address/Telephone: 9545667400

Broward County, Florida. Authority is granted by (Name) ADAM ADACHE

_____ in the position of (Manager/Owner) Manager

I hereby request and authorize sworn deputies of the Broward Sheriff's Office to act as my agent to enforce FS 810.08 and/or 810.09 (Trespass) on property and surrounding curtilage (including parking areas) of the above business.

I also acknowledge I will assist with the prosecution of persons arrested by authorized agents of the above business.

Authorized Signature/Title

2/14/23
Date

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 14TH day of FEBRUARY, 2023 by ADAM ADACHE, who is personally known to me or who has produced

_____ as identification.

NOTARY PUBLIC
ALEX TRAN

Print, Type, or Stamp Commissioned Name of Notary Public
BSO RP-87 (Revised 6/04)

DRC

PZ22-12000044

03/15/2023