



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

**Date:** May 9, 2023 **PLEASE PRINT** **Time:** 10:30

**Agenda/Item Number:** G2

**Issue:** Le Parc

**Name:** Linda Stevens

**Mailing address:** 1248 Milan Avenue

**City:** CG **State/Zip:** FL 33134

**Phone:** (305) 283-0216 **E-mail:** LLSTEVENS@MAE.COM

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

**Representing:** \_\_\_\_\_

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

**Comments regarding this issue:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Signature**

*Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.*



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

**PLEASE PRINT**  
 Date: 5/9/23 Time: 11:00 am

Agenda/Item Number: G-2

Issue: Le Parc Cafe

Name: Michelle White

Mailing address: 201 Navarre Ave

City: Coral Gables State/Zip: FL 33134

Phone: 786-250-1340 E-mail: \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Support for Le Parc Cafe

Signature [Signature]

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Order of receipt \_\_\_\_\_

**PLEASE PRINT**  
 Date: 5/9/23 Time: \_\_\_\_\_

Agenda/Item Number: G-2

Issue: Burger Port's

Name: MARIA C. Cruz

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a registered lobbyist with the City of Coral Gables?  
 Yes  No

Representing: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak     | <input type="checkbox"/> Proponent              |
| <input type="checkbox"/> I do not wish to speak         | <input type="checkbox"/> Opponent               |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

\_\_\_\_\_

Signature [Signature]

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