## Affidavit of Posting

Complaint/Case #:
Title of Document Posted: Workice of Violation
91 7108 2133 3932 7045 4318
I, MARTHA S. DELGADO, DO HEREBY SWEAR/AFFIRM THAT THE
of 400 Ponce de Len Guy, on 5-7-2 AT 9:40.
MURelater SIGNATURE OF OFFICER
STATE OF FLORIDA ) ss. COUNTY OF MIAMI-DADE )
Sworn to (or affirmed) and subscribed before me this day of, in the year
2021, by MARTHA S. DELGADO who is personally known
to me or has producedas identification.
My Commission Expires:  Notary Public

