

Port Saint Lucie School of Autism LLC
8020 Wiles Road
Coral Springs, FL 33067

AGENT CONSENT FORM

Project Name: Darwin Blvd – School of Autism
Parcel ID: 4432-500-0001-000-1

BEFORE ME THIS DAY PERSONALLY APPEARED Paul Burrell, WHO BEING DULY SWORN, DEPOSES AND SAYS THE FOLLOWING:

I hereby give CONSENT to EDC a division of Haley Ward, Inc. to act on my behalf, to submit or have submitted applications and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining all City, County and State permits for completion of the project indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application for the proposed use of a commercial development.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this 7th day of January, 2025, by Paul Burrell (Name of Person Acknowledging) who is (personally known to me) or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

[Signature]
Notary Signature

Joseph Maas
Printed Name of Notary

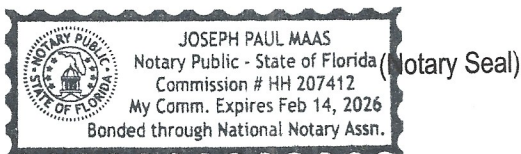
[Signature]
Owner's Signature

Paul Burrell
Owner's Name

8020 Wiles Road
Street Address

Coral Springs, FL 33067
City, State, Zip

954-980-5000
Telephone / Email



2/14/2026
My commission expires