



January 5, 2024

Board of County Commissioners
Columbia County, FL
135 NE Hernando Avenue, Suite 203
Lake City, FL 32055

RE: Petition No. ANX 24-01 (Cecilia Davis)

Letter for Notice of Voluntary Annexation
Map Concerning Voluntary Annexation

Dear Board of County Commissioners, Columbia County, FL

Please find enclosed the above referenced notice of voluntary annexation and map concerning area of voluntary annexation.

If you have any questions concerning the matter please contact Robert Angelo, Planning and Zoning Tech, Lake City, FL, at 386-719-5820.

Sincerely,

Robert Angelo
Planning and Zoning Tech
City of Lake City



NOTICE OF VOLUNTARY ANNEXATION

NOTICE IS HEREBY GIVEN, pursuant to Section 171.044, Florida Statutes, as amended, that the ordinance, which title hereinafter appears, will be considered for enactment by the City Council of the City of Lake City, Florida, on February 5, 2024 at 6:00 p.m., or as soon thereafter as the matter can be heard in the City Council Meeting Room, Second Floor, City Hall located at 205 North Marion Avenue, Lake City, Florida. At the aforementioned public hearing all interested parties may be heard with respect to the ordinance. The complete legal description of the areas to be annexed, as well as a copy of the ordinance, can be obtained from the Office of the City Clerk, City Hall located at 205 North Marion Avenue, Lake City, Florida, during regular business hours.

Ordinance No. 2024-2276, Petition No. ANX 24-01, by Cecilia Davis, provides for the voluntary annexation of a parcel of land contiguous to the boundaries of the City of Lake City, Florida, as shown on the location map below. The area to be annexed is located in Section 17, Township 3 South, Range 17 East, Columbia County, Florida. The area to be annexed consists of 1.26 acres, more or less.

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

Certified Mail Fee	\$ 4.35
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.55
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 1.66
Total Postage and Fees	\$ 8.56



Sent To
 Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

*Board of County Commissioners
 135 NE Hernando Ave, Suite 203
 Lake City, FL 32055*

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p><i>Board of County Commissioners 135 NE Hernando Ave Suite 203 Lake City, FL 32055 Anx 24-01</i></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery over \$500</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery over \$500	
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																