

INVOICE (00280565)

BILLING CONTACT

JULIANNA STROUT
743 Washington Ave
Miami Beach, FL 33139

MIAMIBEACH

1700 Convention Center Drive
Miami Beach, Florida 33139
305.673.7000

| INVOICE NUMBER | INVOICE DATE | INVOICE DUE DATE | INVOICE STATUS | INVOICE DESCRIPTION |
|----------------|--------------|------------------|----------------|---------------------|
| 00280565 | 04/07/2021 | 04/07/2021 | Due | NONE |

| REFERENCE NUMBER | FEE NAME | TOTAL |
|---|-----------------|-----------------------------|
| ZBA21-0128 | New Application | \$2,625.00 |
| 743 Washington Ave Miami Beach, FL 33139-6209 | | SUB TOTAL \$2,625.00 |

TOTAL **\$2,625.00**

Any refund associated with this invoice will only be issued to the billing contact listed herein.