

**LETTER OF AUTHORIZATION**

Date:

To Whom It May Concern:

I, Jill Adams owner or agent

for the property listed as:

HCA Florida Lake City Hospital  
3239 NW YORK Dr  
Lake City, FL 32055  
Parcel ID: 35-3S-16-02556-003

Do authorize **Thomas Sign & Awning Company or their Authorized**

**Agent** to obtain a permit for and to install signage on the above referenced property.

J Adams  
Owner or Agent  
(386) 965-7533

Date: 6.1.2022

Owners Telephone Number

Sworn to and subscribed to before me this 1 day of June

2021 and being personally known/ identification.

My commission expires: June 16, 2024 Charlotte R. Devaney  
NOTARY PUBLIC

