

Return to: (enclose self-addressed stamped envelope)

Name: TSHSTB, LLC
Address: PO Box 5511
Sarasota, FL. 34277-5511

This Instrument Prepared by:

Name: TSHSTB, LLC
Address: PO Box 5511
Sarasota, FL. 34277-5511

Property Appraisers Parcel Identification 2038-16-0020

Folio Number(s):

Grantee[s] S.S. # (s)

RECORDED IN OFFICIAL RECORDS
INSTRUMENT # 2015100703 1 PG(S)
August 12, 2015 03:12:58 PM
KAREN E. RUSHING
CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY, FL

Doc Stamp-Deed: \$0.70
[Barcode]

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 5th day of August 2015, by Frank Ficarra as Successor Trustee, first party, to TSHSTB, LLC, a Florida Limited Liability Company, whose post office address is PO Box 5511, Sarasota, FL. 34277-5511, second party.

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the first party, for and in consideration of the sum of \$ 10.00 (ten dollars), in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Sarasota, State of Florida, to-wit:

An undivided 45% interest in the following described property:

Lots 19, 20, 21 and 22, LESS the East 17.23 feet of Lots 21 and 22 to State Road Department, Block B, Grove Heights, according to the map or plat thereof as recorded in Plat Book 1, Page 197, of the Public Records of Sarasota County, Florida.

To Have and to Hold The same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity to the only proper use, benefit and behoof of the said second party forever.

In Witness Whereof, the said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor) [Signature]
Printed Name Michael T. Holt
Witness Signature (as to first Grantor) [Signature]
Printed Name Daniel H. Motyl

Grantor Signature [Signature]
Printed Name FRANK FICARRA
Post Office Address 7303 ELEANOR CIRCLE
SARASOTA, FL 34243

Witness Signature (as to Co-Grantor, if any)
Printed Name

Co-Grantor Signature, (if any)
Printed Name

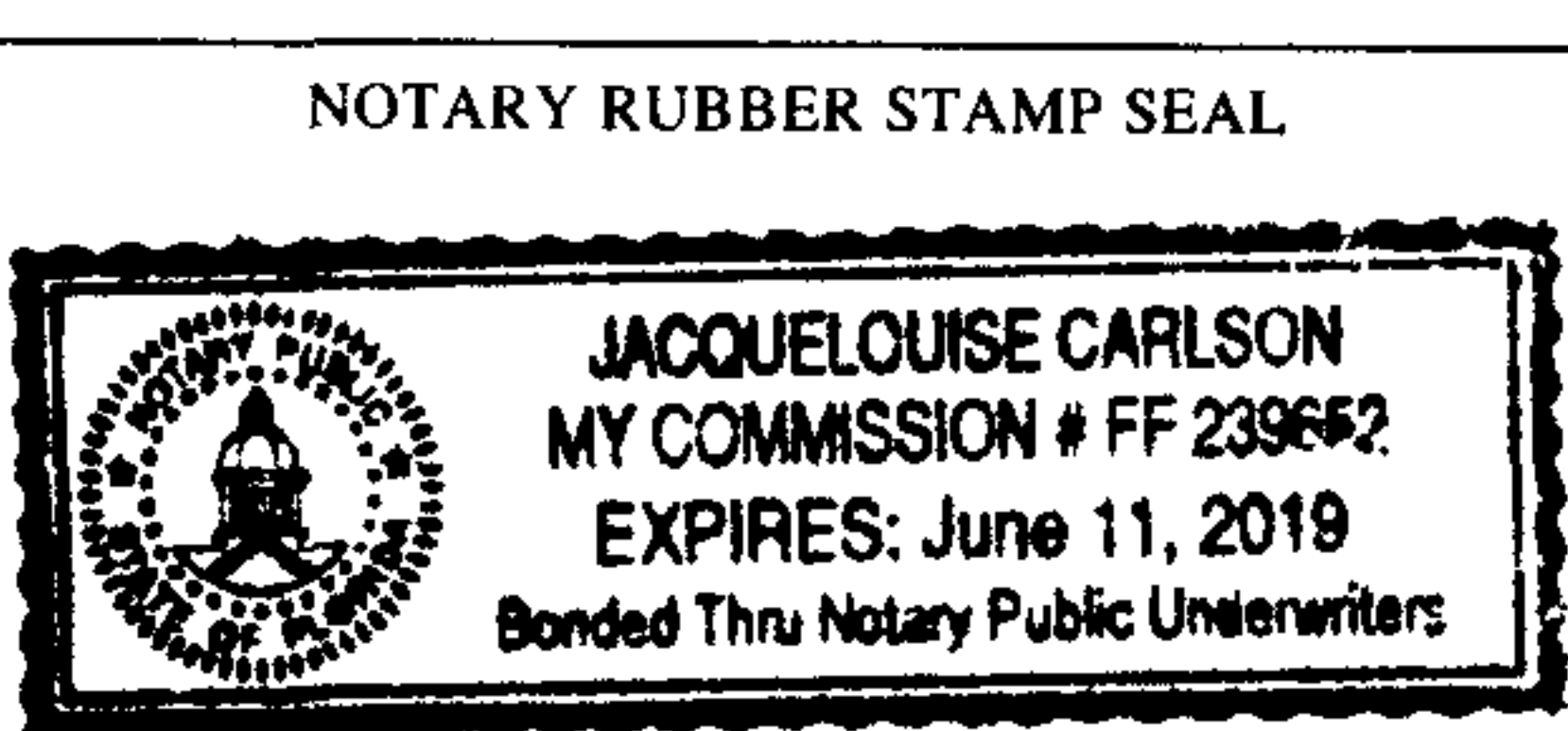
Witness Signature (as to Co-Grantor, if any)
Printed Name

Post Office Address

STATE OF Florida
COUNTY OF Sarasota
Frank Ficarra

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that HE executed the same, and an oath was not taken. (Check one:) [X] Said person(s) is/are personally known to me. [] Said person(s) provided the following type of identification:



Witness my hand and official seal in the County and State last aforesaid this 5th day of August 2015, Jacqueline Carlson, Notary Signature, JACQUELOUISE CARLSON, Printed Name