## CONSENT OF HOLDERS OF REVOCABLE LICENSE AGREEMENT AND AGREEMENT ANCILLARY TO REVOCABLE LICENSE AGREEMENT

The undersigned **BROWARD COUNTY**, a political subdivision of the state of Florida, whose mailing address is Governmental Center, Suite 423, 115 South Andrews Avenue, Fort Lauderdale, Florida 33301, and **CITY OF FORT LAUDERDALE**, a municipal corporation located in Broward County, Florida, whose mailing address is 100 North Andrews Avenue, 8<sup>th</sup> Floor, Fort Lauderdale, Florida 33301 (hereinafter "Encumbrance Holders"), hereby certify that they are the respective holders of:

• that certain Revocable License Agreement, dated June 14, 2016, recorded at Official Instrument Number 113775992, of the Public Records of Broward County, Florida;

and

 that certain Agreement Ancillary to Revocable License Agreement, dated March 22, 2016, recorded at Official Instrument Number, 113784667, of the Public Records of Broward County, Florida;

which encumber the property described on Exhibit "A", attached hereto and incorporated herein, owned by Wisdom Village Crossing, LP (hereinafter "Owner"). The Encumbrance Holders hereby consent to the granting of the Declaration of Restrictive Covenant by the Owner to the Broward County Environmental Protection and Growth Management Department, Environmental Engineering and Permitting Division, and agree that the Encumbrance Holders will consent to the foregoing Declaration of Restrictive Covenant.

	Consent has been executed this day of
, 2019.	
Witnesses:	
Signature	BROWARD COUNTY, a political subdivision of the state of Florida
Print Name	Address:
Cignature	Address.
Signature	
Print Name	Ву:
	Title:
	Print Name:
{00026374.DOCX. 1 }	Page <b>1</b> of <b>3</b>

day of		, 20
	He/She is personally day of	ged before me by He/She is personally known to me day of

IN WITNESS WHEREOF, this Consent has been e	executed this day of, 2019.
Witnesses:	
Signature	City of Fort Lauderdale, a municipal corporation located in Broward County, Florida
Print Name	Address:
Signature	
Print Name	By:
	Title:  Print Name:
STATE OFCOUNTY OF	
	ed before me by, the
or has produced, as	
Witness my signature and official seal this in the County and State aforesaid.	day of, 20
(Signature)	_
Notary Public – State of	_
(Print Name) My Commission Expires:	_