

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT,
IN AND FOR BROWARD COUNTY, FLORIDA

Alexandria Marie Dzimitowicz

Case No.: DVCE

24 - 21382

Division: 59

Petitioner,

and

Noah Smith

Respondent

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

Alexandria Marie Dzimitowicz
I, {full legal name}, _____, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} 4 West Las Olas Blvd, Apt 308

{Apartment, lot, etc.} _____

{City}, Fort Lauderdale, {State}, FL, {Zip} 33301

{Telephone No.} 708-214-5109 {Fax No.} _____

E-MAIL ADDRESS:

The following is/are my e-mail address(es) for purposes of serving and receiving documents:

Primary e-mail address:

AlexDacyManagement@Gmail.Com

Secondary e-mail address No.1:

Secondary e-mail address No. 2:

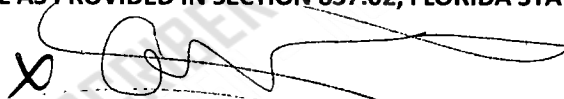
I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was [check all used] ☐ e-mailed ☐ mailed ☐ faxed ☐ hand-delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

I HAVE READ EVERY STATEMENT MADE IN THIS DOCUMENT AND EACH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS DOCUMENT ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.



Signature of Petitioner Alexandria Marie Dzimitowicz

Printed Name: _____

Address: 4 West Las Olas Blvd, Apt 308

City, State, Zip: Fort Lauderdale FL 33301

Telephone Number: 708-214-5109

Fax Number: _____

Designated E-Mail Address(es):

AlexDacyManagement@gmail.com

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: {choose only one} ☒ Petitioner ☐ Respondent

This form was completed with the assistance of:

{name of individual} SARINA KLEIN

{name of business} _____

{street} 92 HENDRICKS ISLE APT 6

{city} Fort Lauderdale {state} FL {zip code} 33301 {telephone number} 248 759 6998