




Variance Application

VAR-23-23

Submitted On: Jun 22, 2023

Applicant

 Sean Hayes  
 4043724345  
 shayes@fdc-llc.com

Primary Location

3405 S COBB DR SE  
SMYRNA, GA 30080

Applicant Information

First Name

Damian

Last Name

Maher

Street Address

38 Commerce Ave SW

City

Grand Rapids

State

MI

Zip Code

49503

Email

dmaher@northgatetommys.com

Phone Number

616-633-0377

Are you the titleholder of the subject property?

No

Titleholder Information

Full Name (i.e., First and Last Name, or Name of Entity)

Sharon Baptist Church of Smyrna, Inc.

Street Address

3405 S. Cobb Dr.

City

Smyrna

State

GA

Zip Code

30080

Email Address

--

Phone Number

404-520-2910

Property Information

Property Address

3405 S. Cobb Drive, Smyrna, GA 30080

Description of Requested Variances

Variances are requested for the second accessory structure (awning for vacuum areas and dumpster enclosure) and for the size of the accessory structure (exceeds 25% of the principal building).

Comprehensive Narrative

In rendering its decisions, the License and Variance Board shall consider the following factors:

1. Whether there are extraordinary and exceptional conditions applying to the property in question, or to the intended use of the property, that do not apply generally to other properties in the same district.

### Acknowledgement

Applicant hereby affirms that s/he is aware of the consequences of a false statement made in this variance application and is subject to the provisions of the zoning code for violation of the Code, which are: (a) False Swearing) and a possible fine of not more than \$1,000.00 or imprisonment for not less than one (1) year or both, and (b) the provisions of the zoning code would deprive the applicant of reasonable use of the property for which the variance is sought.

**Applicant Signature:**

true

4. Whether the variance proposed is the minimum variance which makes possible the reasonable use of the property.

### A comprehensive narrative detailing the extraordinary and exceptional conditions which will necessitate a nonconforming use.

The reasons for the variance request are specific to the project. The vacuum canopy covers combined with the require dumpster enclosure total square footage exceeds 25% of the floor area of the principal building (wash tunnel). The vacuum bays have fabric canopies that provide shade over the customer's vehicle while they are vacuuming, drying and detailing it after having exited the automatic wash bay. The canopy covers are similar in color to the colors on the primary building itself. The dumpster enclosure will have the same masonry facade as the wash tunnel building, providing a cohesive aesthetic environment for the site, and also provides uniformity with Tommy's Express Carwash sites across the country.



## PROPERTY OWNER AUTHORIZATION

City of Smyrna Community Development Department, 3180 Atlanta Rd, Smyrna, GA 30080

Office Phone 678-631-5387 / Fax 770-431-2808

I, Anthony White, Trustee of the Sharon Baptist Church swear that I am the Property Owner of the property

located at: 3405 South Cobb Drive

as shown in the records of Cobb County, Georgia, which is the subject matter of the attached application.

I authorize the person named below to act as the applicant in pursuit of this application.

Name of Applicant (print clearly): Sean Paul Hayes, P.E. c/o Falcon Design

Address: 500 Pirkle Ferry Rd., Suite C, Cumming, GA 30040

Telephone: 678-807-7100

Email: shayes@fdc-llc.com

I have read, understood, and answered the aforementioned items to the best of my knowledge. If I am found to have misrepresented myself on this affidavit or the attached application, I am aware I may be in violation of the City Code and run the risk of being issued a citation for violation of the City of Smyrna Code of Ordinances.

(Must be signed by the property owner. If the landowner is a corporation, the form must be signed by an officer of the corporation.)

Anthony White TRUSTEE  
Signature of Property Owner

3405 South Cobb Dr.  
Address

Anthony White, Trustee  
Sharon Baptist Church  
Name of Property Owner (print clearly)

Smyrna, GA 30080  
City, State, Zip

**From:** [Sean Hayes](#)  
**To:** [Joey Staubes](#)  
**Cc:** [Caitlin Crowe](#)  
**Subject:** Re: Variance Application - 3405 S Cobb Drive  
**Date:** Friday, June 23, 2023 2:17:15 PM

---

**External: This came from outside of Smyrna's email system.**

Joey,

I've just uploaded the property owner authorization form. Below is the list of the adjoining properties that we sent the notifications to (with parcel numbers):

*KA Smyrna LLC (17041200010)*  
*3383 S Cobb Dr*  
*Mailing address: 2890 Hwy 212 SW, Unit A156, Conyers, GA 30094*

*Jorge L Martinez (17045300260)*  
*940 Sharon Circle*  
*Smyrna, GA 30080*

*Gary J Adams (17045300270)*  
*944 Sharon Circle*  
*Smyrna, GA 30080*

*James L. Darby, Jr. (17045300280)*  
*948 Sharon Circle*  
*Smyrna, GA 30080*

*Alexander & Angelica Martin (17045300320)*  
*3382 Ridgecrest Rd SE*  
*Smyrna, GA 30080*

*Zinnia Properties, LLC (17045300330)*  
*3390 Ridgecrest Rd SE*  
*Smyrna, GA 30080*

*Hazel L Bennett (17045300340)*  
*3400 Ridgecrest Rd SE*  
*Smyrna, GA 30080*

*Tonic Realty I, LLC (17045300370)*  
*3425 S Cobb Dr*  
*Mailing address: P.O. Box 9167, Springfield, MO 65801*

*Cascade Properties, LLC (17041200300)*  
*3418 S Cobb Dr*  
*Mailing address: 470 Pendleton Trail, Tyrone, GA 30290*

*Flores Realty, LLC (17041200470)*  
*3414 S Cobb Dr*  
*Mailing address: 3445 Stilesboro Rd, Kennesaw, GA 30152*

*National Retail Properties, LP (17051200350)*  
*3440 S Cobb Dr*  
*Mailing address: 358 Saw Mill River Rd, Millwood, NY 10546*

Let me know if you need anything else.

Thanks,  
Sean

On Fri, Jun 23, 2023 at 1:47 PM Joey Staubes <[jstaubes@smyrnaga.gov](mailto:jstaubes@smyrnaga.gov)> wrote:

Hi Sean,

I think everything is good with the variance application except the top and bottom of the property owner authorization form are blank. Can you please upload one with the owner's signature?

Also, can you identify which properties were notified? Some of receipts are corporate addresses, and just not sure which properties they relate to.

Thanks!

Joey Staubes, AICP

Planner II

Community Development

678.631.5355

--

**Sean Paul Hayes, P.E.**

Partner/Cumming Office Director

Falcon Design Consultants, LLC

O: 678.807.7100

C: 404.372.4345

Please visit us at: [www.fdc-llc.com](http://www.fdc-llc.com)

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

KA Smyrna LLC (17041200010)  
2890 Hwy 212 SW, Unit A156  
Conyers, GA 30094



9590 9402 7773 2152 8945 26

**2. Article Number (Transfer from service label)**

7022 2410 0003 5352 0758

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

- ☐ Agent
- ☐ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

- D. Is delivery address different from Item 1? ☐ Yes**  
If YES, enter delivery address below: ☐ No

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Red Mail  
Red Mail Restricted Delivery  
or \$500

Domestic Return Receipt

**Certified Mail service**

- A receipt (this portion of the form) is provided for your signature and the date of delivery.
- A record of delivery (including signature) that is retained for a specified period.

**Important Reminders:**

- You may purchase Certified Mail, First-Class Mail®, First-Class Mail® International, or Priority Mail® service.
- Certified Mail service is not available for international mail.
- Insurance coverage is not available for Certified Mail service.
- Certified Mail service does not include insurance coverage for certain Priority Mail items.
- For an additional fee, and endorsement on the mailpiece, return receipt service, with return receipt service, you can request a hardcopy or electronic version. For a hardcopy, attach PS Form 3811; for an electronic version, attach PS Form 3811.

PS Form 3800, April 2015

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage  
\$

Total Postage and Fees  
\$

Sent To KA Smyrna LLC  
Street and Apt. No. or PO Box 2890 Hwy 212 SW Unit A156  
City, State, ZIP+4® Conyers GA 30094

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



8520 25E5 E000 0742 2202  
8520 25E5 E000 0742 2202



b, LLC  
sorts  
Ave SW Suite 200  
Al 49503  
terson

Cobb, LLC  
ite Resorts  
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ids MI 49503  
ca Peterson

Alexander & Angelica Martin  
3382 Ridgecrest Rd SE  
Smyrna, GA 30080

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<b>A. Signature</b> <b>X</b>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b>  Alexander & Angelica Martin 3382 Ridgecrest Rd SE Smyrna, GA 30080   9590 9402 7773 2152 8945 40		<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b>
<b>2. Article Number (Transfer from service label)</b> 7022 2410 0003 5352 0680		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	


PS Form 3811, July 2020 PSN 7530-02-000-9053

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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
<b>OFFICIAL USE</b>	
<b>Certified Mail Fee</b> \$	<b>Postmark Here</b>
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input checked="" type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
<b>Postage</b> \$	
<b>Total Postage and Fees</b> \$	
<b>Sent To</b> Alex & Angelica Martin	
<b>Street and Apt. No., or PO Box No.</b> 3382 Ridgecrest Rd SE	
<b>City, State, ZIP+4®</b> Smyrna GA 30080	

a Cobb, LLC  
ate Resorts  
erce Ave SW Suite 200  
pids MI 49503  
ica Peterson

Gary J Adams  
944 Sharon Circle  
Smyrna, GA 30080

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<b>A. Signature</b> <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b>  Gary J Adams (17045300270) 944 Sharon Circle Smyrna, GA 30080   9590 9402 7773 2152 8945 95		<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b>
<b>2. Article Number (Transfer from service label)</b> 7022 2410 0003 5352 0734		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

PS Form 3811, July 2020 PSN 7530-02-000-9053

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
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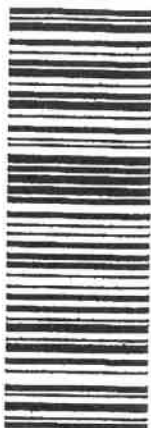
7022 2410 0003 5352 0734  
7022 2410 0003 5352 0734

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<b>OFFICIAL USE</b>	
<b>Certified Mail Fee</b> \$	<b>Postmark Here</b>
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input checked="" type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
<b>Postage</b> \$	
<b>Total Postage and Fees</b> \$	
<b>Sent To</b> Gary Adams <b>Street and Apt. No. or P.O. Box No.</b> 944 Sharon Circle <b>City, State, ZIP+4</b> Smyrna GA 30080	



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.

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7022 2410 0003 5352 0727  
7022 2410 0003 5352 0727

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Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$

Total Postage and Fees

\$

Sent To

James Darby Jr.  
448 Sharon Circle  
Smyrna GA 30080

PS Form 3800, April 2015 PSN 7530-02-000-2047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James L. Darby, Jr. (17045300280)  
948 Sharon Circle  
Smyrna, GA 30080



9590 9402 7773 2152 8945 88

2. Article Number (Transfer from service label)

7022 2410 0003 5352 0727

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-8083

Domestic Return Receipt

TX Smyrna Cobb, LLC  
% Northgate Resorts  
38 Commerce Ave SW Suite 200  
Grand Rapids MI 49503  
Attn: Jessica Peterson

James L. Darby, Jr.  
948 Sharon Circle  
Smyrna, GA 30080

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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7022 2410 0003 5352 0741  
7022 2410 0003 5352 0741

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Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☒ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Jorge Martinez  
940 Sharon Circle

City, State, ZIP+4®

Smyrna, GA 30080

PS Form 3800, April 2014 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark  
Here

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jorge L Martinez (17045300260)  
940 Sharon Circle  
Smyrna, GA 30080



9590 9402 7773 2152 8946 01

2. Article Number (Transfer from service label)

7022 2410 0003 5352 0741

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Registered Mail®

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

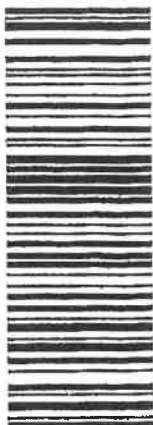
Domestic Return Receipt

TX Smyrna Cobb, LLC  
% Northgate Resorts  
38 Commerce Ave SW Suite 200  
Grand Rapids MI 49503  
Attn: Jessica Peterson

Jorge L Martinez  
940 Sharon Circle  
Smyrna, GA 30080

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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7022 2410 0003 5352 0710

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Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☒ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Tonic Realty I, LLC  
P.O. Box 9167  
Springfield MO 65801

PS Form 3800, April 2015/151, 7530-02-000-9047

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tonic Realty I, LLC  
P.O. Box 9167  
Springfield, MO 65801



9590 9402 7773 2152 8945 71

2. Article Number (Transfer from service label)

7022 2410 0003 5352 0710

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Priority Mail Express®

Registered Mail  
Restricted Delivery  
(\$500)

Domestic Return Receipt

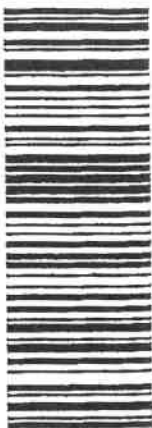
PS Form 3811, July 2020 PSN 7530-02-000-9053

TX Smyrna Cobb, LLC  
% Northgate Resorts  
38 Commerce Ave SW Suite 200  
Grand Rapids MI 49503  
Attn: Jessica Peterson

Tonic Realty I, LLC  
P.O. Box 9167  
Springfield, MO 65801

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL®**



7022 2410 0003 5352 0703  
7022 2410 0003 5352 0703

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**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$  
☒ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Hazel Bennett  
3400 Ridgecrest Rd SE  
Smyrna, GA 30080

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hazel L Bennett  
3400 Ridgecrest Rd SE  
Smyrna, GA 30080



9590 9402 7773 2152 8945 64

2. Article Number (Transfer from service label)

7022 2410 0003 5352 0703

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail (over \$500)  
☐ Registered Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

TX Smyrna Cobb, LLC  
% Northgate Resorts  
38 Commerce Ave SW Suite 200  
Grand Rapids MI 49503  
Attn: Jessica Peterson

Hazel L Bennett  
3400 Ridgecrest Rd SE  
Smyrna, GA 30080

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL®**



7022 2410 0003 5352 0673  
7022 2410 0003 5352 0673

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☒ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

Total Postage and Fees

Sent To  
 Cascade Properties, LLC  
 Street and Apt. No., or PO Box No.  
 470 Pendleton Trail  
 City, State, ZIP+4®  
 Tyrone, GA 30290

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cascade Properties, LLC  
 470 Pendleton Trail  
 Tyrone, GA 30290



9590 9402 7773 2152 8945 33

2. Article Number (Transfer from service label)

7022 2410 0003 5352 0673

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

TX Smyrna Cobb, LLC  
 % Northgate Resorts  
 38 Commerce Ave SW Suite 200  
 Grand Rapids MI 49503  
 Attn: Jessica Peterson

Cascade Properties, LLC  
 470 Pendleton Trail  
 Tyrone, GA 30290

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**



7022 2410 0003 5352 0666  
7022 2410 0003 5352 0666

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☒ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$  
Postage \$  
Total Postage and Fees \$

Postmark  
Here

Sent To Flores Realty, LLC  
Street and Apt. No., or P.O. Box No. 3445 Stilesboro Rd  
City, State, ZIP+4® Kennesaw GA 30152  
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Flores Realty, LLC  
3445 Stilesboro Rd  
Kennesaw, GA 30152



9590 9402 7773 2152 8945 19

2. Article Number (Transfer from service label)

7022 2410 0003 5352 0666

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
**X** ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery  
Insured Mail (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

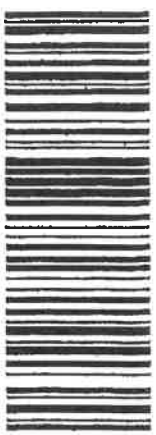
Domestic Return Receipt

TX Smyrna Cobb, LLC  
% Northgate Resorts  
38 Commerce Ave SW Suite 200  
Grand Rapids MI 49503  
Attn: Jessica Peterson

Flores Realty, LLC  
3445 Stilesboro Rd  
Kennesaw, GA 30152

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL®**



6590 2555 5352 0659  
7022 2410 0003 5352 0659

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input checked="" type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	Postmark Here
Postage \$	
Total Postage and Fees \$	
Send To National Retail Properties, LP Street and Apt. No., or PO Box No. 358 Saw Mill River Rd. City, State, ZIP+4® Millwood NY 10546	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

National Retail Properties, LP  
358 Saw Mill River Rd  
Millwood, NY 10546



9590 9402 7773 2152 8945 02

2. Article Number (Transfer from service label)

7022 2410 0003 5352 0659

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
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PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

TX Smyrna Cobb, LLC  
% Northgate Resorts  
38 Commerce Ave SW Suite 200  
Grand Rapids MI 49503  
Attn: Jessica Peterson

National Retail Properties, LP  
358 Saw Mill River Rd  
Millwood, NY 10546

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL®**



7022 2410 0003 5352 0697  
7022 2410 0003 5352 0697

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input checked="" type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To <i>Zinnia Properties</i> Street and Apt. No. or PO Box No. <i>3390 Ridgecrest</i> City, State, ZIP+4 <i>Smyrna, GA 30080</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Zinnia Properties, LLC (1704530)  
3390 Ridgecrest Rd SE  
Smyrna, GA 30080



9590 9402 7773 2152 8945 57

**2. Article Number (Transfer from service label)**

7022 2410 0003 5352 0697

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

- ☐ Agent
- ☐ Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

- D. Is delivery address different from item 1?** ☐ Yes  
 If YES, enter delivery address below: ☐ No

**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Registered Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

TX Smyrna Cobb, LLC  
% Northgate Resorts  
38 Commerce Ave SW Suite 200  
Grand Rapids MI 49503  
Attn: Jessica Peterson

Zinnia Properties, LLC  
3390 Ridgecrest Rd SE  
Smyrna, GA 30080



# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### ANNUAL REGISTRATION

\*Electronically Filed\*

Secretary of State

Filing Date: 1/11/2023 3:34:06 PM

#### BUSINESS INFORMATION

CONTROL NUMBER	0B02041
BUSINESS NAME	SHARON BAPTIST CHURCH OF SMYRNA, INC.
BUSINESS TYPE	Domestic Nonprofit Corporation
EFFECTIVE DATE	01/11/2023
ANNUAL REGISTRATION PERIOD	2023

#### PRINCIPAL OFFICE ADDRESS

ADDRESS	3405 S COBB DR SE, SMYRNA, GA, 30080-4119, USA
---------	--

#### REGISTERED AGENT

NAME	ADDRESS	COUNTY
ANTHONY LEE WHITE	4010 VILLA LAKE RD, POWDER SPRINGS, GA, 30127, USA	Cobb

#### OFFICERS INFORMATION

NAME	TITLE	ADDRESS
ANTHONY LEE WHITE	CEO	4010 VILLA LAKE RD, POWDER SPRINGS, GA, 30127, USA
JAMES MICHAEL FREEMAN	CFO	3941 HONEYSUCKLE DRIVE SE, SMYRNA, GA, 30082, USA
Sharon Duffey	SECRETARY	2740 Creekview Pt, NW, Marietta, GA, 30064, USA

#### AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Cindy H Grimsley
AUTHORIZER TITLE	Authorized Person



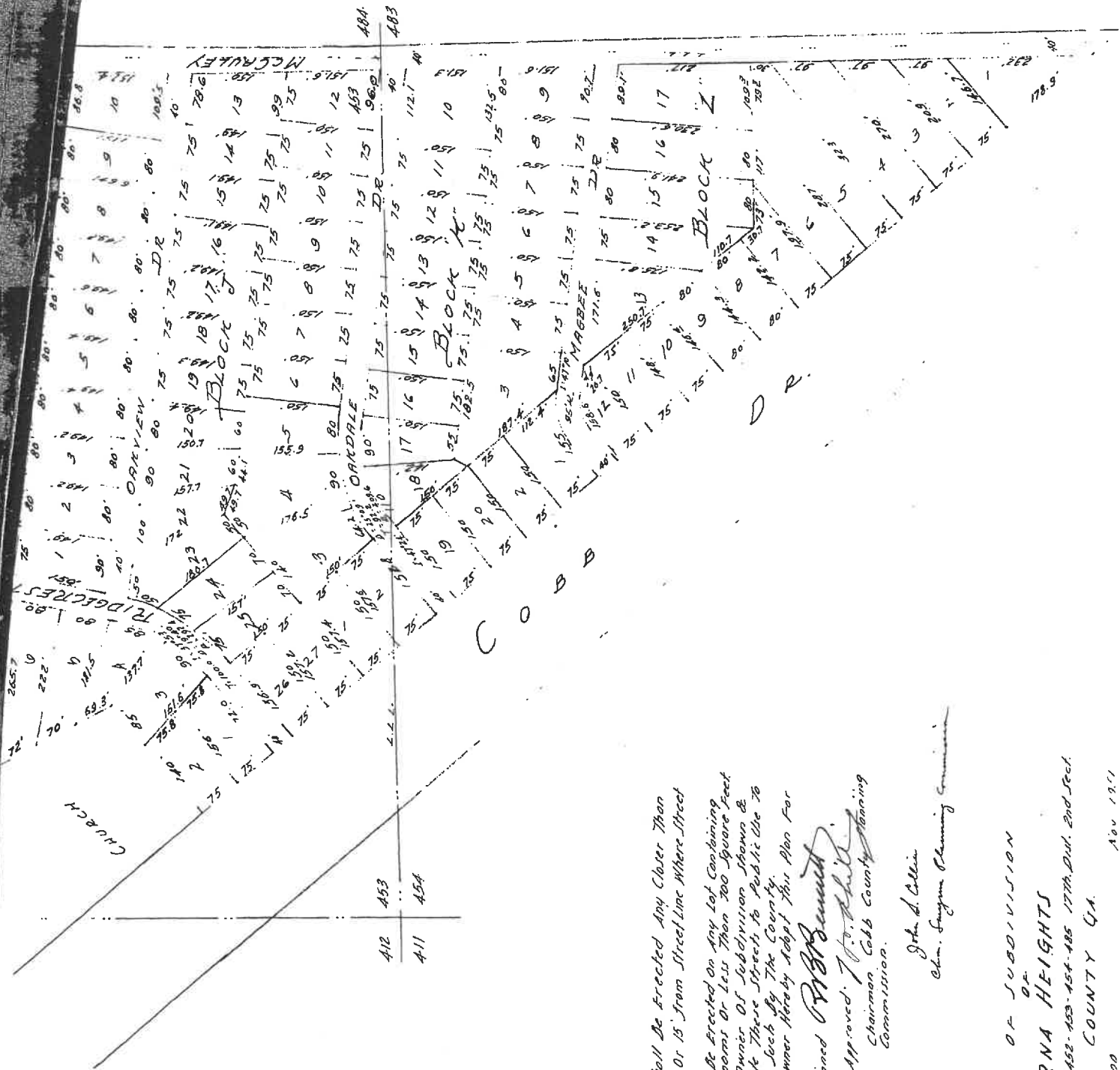
No data available for the following modules: 2022 Undeliverable Notices, Upcoming Visits, Summary - Personal Property, Current Year Business Forms, Appraised Values - Personal Property, Notice of Assessment, Residential Improvement Information, Commercial Improvement Information, Accessory Information, Appeals, Sales Information, Sketches, Additions.

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Last Data Upload: 6/5/2023, 6:37:50 AM





No Dwelling Shall Be Erected Any Closer Than  
 30' To Street Line Or 15' From Street Line Where Street  
 Is Along Side Line.  
 No Dwelling Shall Be Erected On Any Lot Containing  
 Less Than Four Rooms Or Less Than 700 Square Feet.  
 Owner Of Subdivision Shows &  
 Described Dedicate These Streets To Public Use To  
 Be Maintained As Such By The County.  
 Owner Hereby Adopts This Plan For  
 Subdivision.

Signed *W. B. Bennett*  
 Approved: *J. W. Phillips*  
 Chairman, Cobb County Planning  
 Commission.

*John D. Allen*  
 Chm. Smyrna Planning Commission

PLAT OF SUBDIVISION

OF

SMYRNA HEIGHTS

Land Lots 452-453-454-485 17TH Dist. 2nd Sect.

COBB COUNTY GA.

Nov 1911  
 1015 Co. Reg 471. A Page 50, 410 Map 3