



TRACI PERRY, CPM

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

154072

110 North Apopka Avenue, Inverness, Florida 34450
www.citrusclerk.org | @CitrusFLClerk

Telephone: (352) 341-6424
Fax: (352) 341-6477

APPLICATION NO: 2025-0051TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 6/24/2025

Certificate #: 23-6054

DESCRIPTION OF PROPERTY:

PARADISE CTRY CLUB ESTS UNIT 2 PB 3 PG 34 LOT 1 BLK H DESC IN OR BK 929 PG 1237

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 06/18/2025, and a surplus of \$1,493.42 (subject to change) will be held by this office for **120 days** beginning on the date of this notice to benefit the persons having an interest in this property as described in section 197.502(4), Florida Statutes, as their interests may appear (except for those persons described in section 197.502(4)(h), Florida Statutes).

To the extent possible, these funds will be used to satisfy in full, each claimant with a senior mortgage or lien in the property before distribution of any funds to any junior mortgage or lien claimant or to the former property owner. To be considered for payment of any portion of the surplus funds, **you must file a notarized statement of claim with this office within 120 days of this notice.** If you are a lienholder, your claim must include the particulars of your lien and the amounts currently due.

THE FAILURE OF A LIENHOLDER TO FILE A CLAIM FOR SURPLUS FUNDS WITHIN 120 DAYS OF THIS NOTICE CONSTITUTES A WAIVER OF THE LIENHOLDER'S INTEREST IN THE SURPLUS FUNDS AND ALL CLAIMS THERETO ARE FOREVER BARRED.

A copy of this notice must be attached to your statement of claim. After examination of the statements of claim filed, this office will disburse according to priority. For your convenience, a claim form is included with this notice.

NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.

If your claim has been satisfied, released, or you are waiving your claim, please check the "No claim will be filed" box on the claim form and return it to our office so that any other liens can be considered.

On behalf of the Citrus County Clerk of the Circuit Court and Comptroller, I appreciate the opportunity to be of service to you.

Tifani L. White
Deputy Clerk
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller
(352) 341-6478 | taxdeeds@citrusclerk.org

YOU MAY APPLY TO CLAIM SURPLUS FUNDS YOURSELF. YOU DO NOT HAVE TO ASSIGN YOUR RIGHTS TO ANYONE ELSE IN ORDER FOR YOU TO CLAIM ANY MONEY TO WHICH YOU ARE ENTITLED.

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

TRACI PERRY, CPM, Clerk Of The Circuit Court And Comptroller
Tax Deeds Department

Telephone: (352) 341-6478
Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2025-0051TD Certificate #: 23-6054 Date of Sale: 6/18/2025

NOTE: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.

The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: _____
Contact name, if applicable: _____
Address: _____
Phone Number: _____
Email address: _____

NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.

I am a (check one): Lienholder Titleholder

Select ONE:

_____ I claim surplus proceeds resulting from the above tax deed sale.

_____ I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)

A. Type of Lien: _____ Mortgage; _____ Court Judgment; _____ Condo of Homeowner Association Lien;
_____ Other - describe in detail: _____

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: _____ Instrument #: _____ Book/Page #: _____ / _____

B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining Due: \$ _____

Interest Due: \$ _____ Fees & Costs * \$ _____ Attorney fees claimed: \$ _____

* Including late fees. Describe costs in detail, including additional sheet if needed: _____

2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property *and provide proof.*)

A. Nature of Title: _____ Deed; _____ Court Judgment; _____ Other - describe in detail: _____

If your former title is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: _____ Instrument #: _____ Book/Page #: _____ / _____

B. Amount of surplus tax deed sale proceeds claimed: \$ _____

C. Does the titleholder claim the subject property was homestead property? _____ Yes _____ No

3. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____ Physical Presence
COUNTY OF _____ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, 20____ by _____, who is personally know to me _____ or has produced _____ as identification and who did take an oath.

My Commission Expires: _____

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary]

Surplus Checklist

Company Name	Status is Active	Filing date with Secretary of State corresponds with copy sent	Registered Agent name corresponds with person who signed the claim	Mailing address of Registered Agent corresponds with surplus claim	Company Purpose (if shown) corresponds with documents submitted	Review date	Initials	
Pluto Asset Recovery Inc	YES	YES	YES	YES	N/A	10/22/2025	TK	compared information sent with State of VA website

RECEIVED

By Tifani White at 1:21 pm, 6/30/25

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

ANGELA VICK, Clerk of the Circuit Court and Comptroller
Tax Deeds Department
110 North Apopka Ave
Inverness, FL 34450

Telephone: (352) 341-6478
Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2025-0051TD Certificate #: 23-6054 Date of Sale: 6/18/2025

Note: **CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.**

The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: Pluto Asset Recovery, Inc As Assignee for Carl Frank
Contact name, if applicable: Boyd Berbick
Address: 525K E Market St Suite 214 Leesburg, VA 20176
Phone Number: 1-888-969-9277
Email address: Boyd@pluto-ar.com
Tax No: 99-3161817 Date of Sale (if known): 6/18/2025

I am a (check one): Lienholder Titleholder

Select ONE:

I claim surplus proceeds resulting from the above tax deed sale.

I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

1. LIENHOLDER INFORMATION (complete if claim is based on a lien against the sold property.)

A. Type of Lien: Mortgage: Court Judgment: Condo of Homeowner Association Lien

Other-describe in detail: _____

If you lien is recorded in CITRUS COUNTY'S Official Records, list the following, if known:

Recording Date: _____ Instrument #: _____ Book/Page #: _____/_____

B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining Due: \$ _____

Interest Due: \$ _____ Fees & Costs:*\$ _____ Attorney fees claimed: \$ _____

*Including late fees. Describe costs in detail, including additional sheet if needed: _____

2. TITLEHOLDER INFORMATION (complete if claim is based on title formerly held on sold property *and provide proof.*)

A. NATURE OF Title: Deed: Court Judgment: Other-describe in detail: _____

If your former title is recorded in CITRUS COUNTY'S Official Records, list the following if known:

Recording Date: 2/24/2016 Instrument #: _____ Book/Page#: 2741 / 2438

B. Amount of surplus tax deed sale proceeds claimed: \$ 100%

C. Does the titleholder claim the subject property was homestead property? Yes No

3. I request that payment of any surplus funds due me be made payable to: Pluto Asset Recovery, Inc

4. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: [Signature]

Print name & Title: Boyd A. Berbick, Director

STATE OF Virginia
COUNTY OF Loudoun

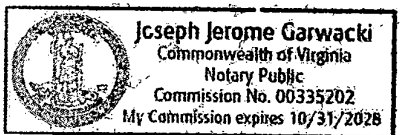
Physical Presence
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 25 day of June, 2025 by Boyd A. Berbick, who is personally known to me _____ or has produced Drivers license as identification and who did take an oath.

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 10/31/2028

[Print, type, or stamp commissioned name of notary]



PLUTO ASSET RECOVERY, Inc

525K E Market St Suite 214 Leesburg, VA 20176 1-888-969-9277 info@pluto-ar.com

June 23, 2025

Citrus County Clerk of Courts
Attn: Tax Deeds
110 N. Apopka Avenue
Inverness, FL 34450

Re: Surplus Plus case number 2025-0051TD

To whom it may concern,

Please find enclosed documents regarding the above Tax Deed Surplus Funds.

- Claim Form
- W9 Form for Pluto Asset Recovery, Inc
- ID for Boyd Berbick, Director at Pluto Asset Recovery, Inc.
- Warranty Deed for the sold property
- Good Standing State Corporation Commission for Pluto Asset Recovery, Inc
- Assignment of Interest from Carl Frank former owner
- ID for Carl Frank

Once processed, kindly forward the check for the surplus funds payable to Pluto Asset Recovery, Inc to the address below.

525K E Market Street
Suite 214
Leesburg, VA 20176

Thank you for giving this matter your immediate attention.

Regards,



Boyd A Berbick, Director
Pluto Asset Recovery, Inc

Page 1 of 2

Recording requested by: Jerad Simi Space above reserved for use by Citrus County Recorder's Office

When recorded, mail to:

Carl Frank

243 Lakeview Dr.

Nancy, KY 42544

Property Tax Parcel/Account Number: Parcel ID: 17E18S330120 000H0 0010

Warranty Deed

This Warranty Deed is made on 2-24-2016, between Jerad Simi, Grantor, of 10183 Ptarmigan Court, Elko New Market, State of MN, Zip Code 55020, and Carl Frank, Grantee, of, 243 Lakeview Dr., City of Nancy, State of K. Y. Zip Code 42544. For valuable consideration, the Grantor hereby sells, grants, and conveys the following described real estate, in fee simple, to the Grantee to have and hold forever, along with all easements, rights, and buildings belonging to the described property, located at 95 North Country Club Dr. Crystal River, Citrus County, State of Florida.

Legal Description:

PARADISE CTRY CLUB ESTS UNIT 2 PB 3 PG 34 LOT 1 BLK H DESC IN OR BK 929 PG 1237

The Grantor warrants that it is lawful owner and has full right to convey the property, and that the property is free from all claims, liabilities, or indebtedness, and that the Grantor and its successors will warrant and defend title to the Grantee against the lawful claims of all persons. Taxes for the tax year of 2016 and prior years shall be paid by the Grantee as of the date of recording of this deed.

Sale price \$2,900.00

Dated: 2-24-16

Signature of Grantor

JERAD Simi

Name of Grantor

Page 2 of 2

Marlene Hoff
Signature of Witness #1

Marlene Hoffman
Printed Name of Witness #1

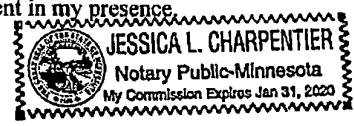
Halle Bird
Signature of Witness #2

Halle Bird
Printed Name of Witness #2

State of MN County of Scott

On Feb 24, 2016, the Grantor, Jerad Simi,
personally came before me and, being duly sworn, did state, acknowledge and prove that he/she is the
person described in the above document and that he/she signed the above document in my presence.

J Charpentier
Notary Signature



Notary Public,
In and for the County of Scott State of MN

My commission expires: 1-31-2020 Seal
Send all tax statements to Grantee.

Virginia COMMERCIAL DRIVER'S LICENSE FEDERAL LIMITS APPLY

Customer Identifier
A65986725

Name
BERBICK
BOYD, ANTHONY

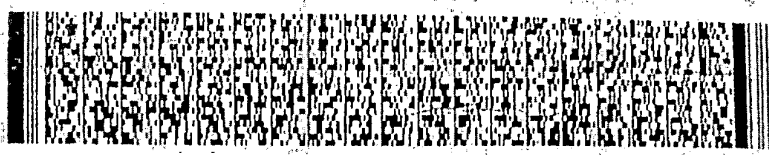
Address
40321 BEACON HILL DR
LEESBURG, VA 20176-7142



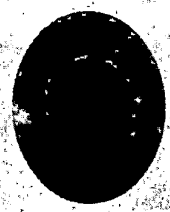
Anthony Boyd Berbick

Sex	Class	Date of birth
M	C	12/14/1970
Eyes	Endorsements	Iss REI
BRO	P	03/08/2022
Height	Restrictions	Exp
6 FT 0 IN	B	12/14/2025

Organ Donor
DD 090215987



Restrictions:
B Corrective lenses while operating a CMV
C Corrective lenses



Anthony Boyd Berbick



00607 000532717 65

COMMERCIAL DRIVER'S LICENSE

Stock Corporation - Annual Report

Entity Information

Entity Name: Pluto Asset Recovery, Inc. Entity Type: Stock Corporation
 Entity ID: 11700020 Formation Date: 05/21/2024
 Jurisdiction: Virginia
 Total Shares: 1

Registered Agent Information

RA Type: Entity RA Qualification: BUSINESS ENTITY THAT IS AUTHORIZED TO TRANSACT BUSINESS IN VIRGINIA
 Name: United States Corporation Agents, Inc. Registered Office Address: 4445 Corporation Ln Ste 259, Virginia Beach, VA, 23462, USA
 Locality: VIRGINIA BEACH CITY

Principal Office Address

Address: 525 E Market St PMB 214 Ste K, Leesburg, VA, 20176 - 4171, USA

Principal Information

No Officers: If the corporation does not have officers because an organizational meeting has not been held.
 No Directors: If the corporation does not have directors because (i) initial directors were not named in the articles of incorporation and an organizational meeting of the corporation has not been held or (ii) the board of directors has been eliminated by a written agreement signed by all of the shareholders, or by the adoption of provision in the articles of incorporation or bylaws that was approved by all of the shareholders.

Title	Director	Name	Address
	Yes	Boyd A Berbick	525 E Market St PMB 214 Ste K, Leesburg, VA, 20176 - 4171, USA
President	Yes	Boyd Anthony Berbick	525 E Market St PMB 214 Ste K, Leesburg, VA, 20176 - 4171, USA

Signature Information

Date Signed: 05/17/2025

I affirm that the information contained in this report is accurate and complete as of the date of this filing and that the person signing is authorized to sign the annual report.

Printed Name

Boyd Berbick

Signature

Boyd Berbick

COLORADO



DRIVER LICENSE



Frank Carl August

**FRANK
CARL AUGUST**
704 SALAZAR ST # 4
SAN LUIS, CO 81152

DOB: 02/03/1962
DL#: 17-220-6902
EXP: 02/03/2028

ISS: 01/30/2023
Sex: M Hgt: 5'-07" Eye: HAZ
Class: R C M

02/03/1962

REGISTRATION
 Colorado License Numbers

ENDORSEMENTS
 13: Motorcycle

CLASS
 Any motor vehicle with a GVWR of less than 26,000 lbs. in a single unit or
 combination, designed to carry 15 or fewer passengers, including the driver, and
 does not carry hazardous material

REGISTRATION TAG #

ASSIGNMENT OF INTEREST IN TAX DEED SURPLUS FUNDS

COUNTY: CITRUS TAX DEED #: 2025-0051 SALE DATE: 6/18/2025
SURPLUS AMOUNT: \$1,400

For and in consideration of good and valuable consideration the receipt of which is hereby acknowledged, I Carl Frank ("Assignor"), whose address is 1510 NE 519th Ave Old Town, FL 32680 hereby assigns to Pluto Asset Recovery, Inc. or assigns ("Assignee"), whose address is 525K E Market St Suite 214 Leesburg, VA 20176 all rights, title and interest to all of the monies (the "Surplus") currently held by Citrus County Clerk of the Circuit Court and which Assignor could claim on his or her own or with Assignee, and hereby acknowledges and agrees as follows:

1. Assignor represents that to the best of their knowledge:
 - a. They have not transferred, assigned or otherwise relinquished any remainder interest in the Monies to any person, company or organization; and they have not hired anyone or any company to claim the Monies being assigned herein for them or on their behalf.
 - b. Assignor agrees not to attempt to assign part or all of the right to claim Monies being transferred under this agreement to any person, company or organization in the future, or to hire anyone to process a claim for the Monies on their behalf.
2. In executing this assignment. Assignor acknowledges that:
 - a. Assignor has the legal right to file a claim for Assignor's interest in the funds. Assignor hereby grants, bargains, sells and assigns, fully and irrevocably, to Assignee, **Pluto Asset Recovery, Inc** or assigns, any and all right, title and interest in and to all such funds currently held by the government agency, as may be due.
 - b. Assignor has had the opportunity to consult with any attorney or person of their choice prior to executing this Assignment.
 - c. The distribution of any funds successfully recovered and the payment of any costs, including attorney's fees, is controlled by a separate, legally binding, agreement.
 - d. Assignee is not an attorney, is not representing to have special legal knowledge to Assignor and is not licensed to practice law. A licensed attorney will be hired to handle any and all judicial proceedings, if necessary.
3. Assignor understands the approximate amount of the Monies that may be recovered are: \$1,400

4. Assignor will hold harmless, protect, indemnify the Government Agency holding the Monies and each of its employees from all claims against any Government agency, department or entity that may arise from this assignment or any actions taken under this assignment.
5. This assignment is binding on all heirs, successors in interest, and assigns. Both Parties enter into this Agreement intending to be legally bound thereby and may not be altered or amended except in writing.
6. Assignor makes the above representations under oath and under penalty of perjury.

Dated this 20 day of JUNE, 2025

Signature Carl Frank

NOTARY ACKNOWLEDGMENT

State of FLORIDA)

County of DIXIE)

On this 20th day of JUNE, 2025, before me KAREN PLEBAN [Name of Notary Public] Carl Frank [Name of Document Signor] personally appeared virtually/in person and known to me personally or proven to me through satisfactory evidence of identification, which was DRIVERS LICENSE, to be the person whose name is subscribed to the preceding or attached document, and acknowledged to me that he/she signed it voluntary for its stated purpose.



KAREN PLEBAN
 Commission # HH 336124
 Expires November 29, 2026

Signed [Signature]

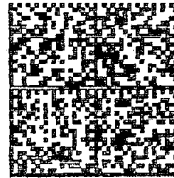
Notary Public in and for the State of FLORIDA

My commission expires 11/29/2026



TRACI PERRY

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299



quadiant

FIRST-CLASS MAIL
IMI

\$000.69⁰

06/25/2025 ZIP 34450
043M31240484

US POSTAGE

CARL FRANK
243 LAKEVIEW DR
NANCY KY 42544

2025-0051TD

~~110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299~~

NIXIE 372 FE 1 0007/02/25

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 34450429999 *0933-00209-27-03

