



# DeSoto County

## Value Adjustment Board

### Meeting Agenda

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Wednesday, March 25, 2026

9:00 AM

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#### Call To Order

#### Roll Call

#### New Business

1. Petition 5 DJ Salvatore LLC **26-1662**  
Agricultural Exemption Petition to the Value Adjustment Board

**Attachments:** VAB Petition 5

2. Petition 6 SalvatoreJR LLC **26-1663**  
Agricultural Exemption  
Petition to the Value Adjustment Board

**Attachments:** VAB Petition 6

#### Adjournment

NOTE: For quasi-judicial matters, any party desiring a verbatim record of the proceeding of this hearing for the purpose of an appeal is advised to make private arrangements for the production of a record and anyone wishing to present documents or other written evidence to the Board must provide eight (8) copies of the written material . If special accommodations are required in accordance with the Americans with Disabilities Act, individuals should contact the County Administrator's Office by calling 863-993-4800 at least 48 hours prior to the hearing.



# DeSoto County

3/25/2026

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Item #: 1.

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**TITLE & DESCRIPTION:**

**Petition 5 DJ Salvatore LLC  
Agricultural Exemption Petition to the Value Adjustment Board**

**Petion Number :  
Petition # 5 Agricultural Exemption**

**Taxpayer Name:  
DJ Salvatore LLC**

**Parcel ID:  
28-36-25-0000-0025-0000  
Parcel Address:  
4050 NE Karson St.  
Arcadia, Florida 34266**



# PETITION TO THE VALUE ADJUSTMENT BOARD REQUEST FOR HEARING

Section 194.011, Florida Statutes

DR-486  
R. 11/23  
Rule 12D-16.002  
F.A.C.  
Effective 11/23  
Page 1 of 3

You have the right to an informal conference with the property appraiser. This conference is not required and does not change your filing due date. You can present facts that support your claim and the property appraiser can present facts that support the correctness of the assessment. To request a conference, contact your county property appraiser.

For portability of homestead assessment difference, use the Petition to the Value Adjustment Board – Transfer of Homestead Assessment Difference – Request for Hearing Form (DR-486PORT). For deferral or penalties, use the Petition to the Value Adjustment Board – Tax Deferral or Penalties – Request for Hearing Form (DR-486DP). Forms are incorporated, by reference, in Rule 12D-16.002, Florida Administrative Code.

COMPLETED BY CLERK OF THE VALUE ADJUSTMENT BOARD (VAB)			
Petition # <b>5 (5)</b>	County <b>Desoto</b>	Tax year <b>2025</b>	Date received <b>7/31/25</b>
COMPLETED BY THE PETITIONER			

PART 1. Taxpayer Information	
Taxpayer name <b>DJ SALVATORE LLC</b>	Representative <b>Tarya A. Tribble, Esq.</b>
Mailing address for notices <b>c/o Tribble Law Center, P.A. 6328 US Highway 301 S. Riverview, FL 33578</b>	Parcel ID and physical address or TPP account # <b>28-36-25-0000-0025-0000 4050 NE Karson St. Arcadia, Florida 34266</b>
Phone <b>813-672-8333</b>	Email <b>tarya@tribblelawcenterpa.com</b>

The standard way to receive information is by US mail. If possible, I prefer to receive information by  email  fax.

I am filing this petition after the petition deadline. I have attached a statement of the reasons I filed late and any documents that support my statement.

I will not attend the hearing but would like my evidence considered. (In this instance only, you must submit duplicate copies of your evidence to the value adjustment board clerk. Florida law allows the property appraiser to cross examine or object to your evidence. The VAB or special magistrate ruling will occur under the same statutory guidelines as if you were present.)

**Type of Property**

<input type="checkbox"/> Res. 1-4 units	<input type="checkbox"/> Industrial and miscellaneous	<input type="checkbox"/> High-water recharge	<input type="checkbox"/> Historic, commercial or nonprofit
<input type="checkbox"/> Commercial	<input type="checkbox"/> Res. 5+ units	<input checked="" type="checkbox"/> Agricultural or classified use	<input type="checkbox"/> Business machinery, equipment
		<input checked="" type="checkbox"/> Vacant lots and acreage	

**PART 2. Reason for Petition** Check one. If more than one, file a separate petition.

<input type="checkbox"/> Real property value (check one): <input type="checkbox"/> decrease <input type="checkbox"/> increase	<input type="checkbox"/> Denial of exemption Select or enter type: _____
<input checked="" type="checkbox"/> Denial of classification	Choose an item. _____
<input type="checkbox"/> Parent/grandparent reduction	<input type="checkbox"/> Denial for late filing of exemption or classification (Include a date-stamped copy of application.)
<input type="checkbox"/> Property was not substantially complete on January 1	<input type="checkbox"/> Qualifying improvement (s. 193.1555(5), F.S.) or change of ownership or control (s. 193.155(3), 193.1554(5), or 193.1555(5), F.S.)
<input type="checkbox"/> Tangible personal property value (You must have timely filed a return required by s.193.052. (s.194.034, F.S.))	
<input type="checkbox"/> Refund of taxes for catastrophic event	

Check here if this is a joint petition. Attach a list of units, parcels, or accounts with the property appraiser's determination that they are substantially similar. (s. 194.011(3)(e), (f), and (g), F.S.)

Enter the time (in minutes) you think you need to present your case. Most hearings take 15 minutes. The VAB is not bound by the requested time. For single joint petitions for multiple units, parcels, or accounts, provide the time needed for the entire group. **60**

My witnesses or I will not be available to attend on specific dates. I have attached a list of dates.

You have the right to exchange evidence with the property appraiser. To initiate the exchange, you must submit your evidence directly to the property appraiser at least 15 days before the hearing and make a written request for the property appraiser's evidence. At the hearing, you have the right to have witnesses sworn.

You have the right, regardless of whether you initiate the evidence exchange, to receive from the property appraiser a copy of your property record card containing information relevant to the computation of your current assessment, with confidential information redacted. When the property appraiser receives the petition, he or she will either send the property record card to you or notify you how to obtain it online.

Your petition will not be complete until you pay the filing fee. When the VAB has reviewed and accepted it, they will assign a number, send you a confirmation, and give a copy to the property appraiser. Unless the person filing the petition is completing part 4, the taxpayer must sign the petition in part 3. Alternatively, the taxpayer's written authorization or power of attorney must accompany the petition at the time of filing with the signature of the person filing the petition in part 5 (s. 194.011(3), F.S.). **Please complete one of the signatures below.**

**PART 3. Taxpayer Signature**

Complete part 3 if you are representing yourself or if you are authorizing a representative listed in part 5 to represent you without attaching a completed power of attorney or authorization for representation to this form.  
Written authorization from the taxpayer is required for access to confidential information from the property appraiser or tax collector.

I authorize the person I appoint in part 5 to have access to any confidential information related to this petition. Under penalties of perjury, I declare that I am the owner of the property described in this petition and that I have read this petition and the facts stated in it are true.

\_\_\_\_\_  
Signature, taxpayer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**PART 4. Employee, Attorney, or Licensed Professional Signature**

Complete part 4 if you are the taxpayer's or an affiliated entity's employee or you are one of the following licensed representatives.

I am (check any box that applies):

- An employee of \_\_\_\_\_ (taxpayer or an affiliated entity).
- A Florida Bar licensed attorney (Florida Bar number 0165999).
- A Florida real estate appraiser licensed under Chapter 475, Florida Statutes (license number \_\_\_\_\_).
- A Florida real estate broker licensed under Chapter 475, Florida Statutes (license number \_\_\_\_\_).
- A Florida certified public accountant licensed under Chapter 473, Florida Statutes (license number \_\_\_\_\_).

I understand that written authorization from the taxpayer is required for access to confidential information from the property appraiser or tax collector.

Under penalties of perjury, I certify that I have authorization to file this petition on the taxpayer's behalf, and I declare that I am the owner's authorized representative for purposes of filing this petition and of becoming an agent for service of process under s. 194.011(3)(h), Florida Statutes, and that I have read this petition and the facts stated in it are true.

  
Signature, representative

Tarya A. Tribble, Esq.  
Print name

7/30/2025  
Date

**PART 5. Unlicensed Representative Signature**

Complete part 5 if you are an authorized representative not listed in part 4 above.

- I am a compensated representative not acting as one of the licensed representatives or employees listed in part 4 above AND (check one)
  - Attached is a power of attorney that conforms to the requirements of Part II of Chapter 709, F.S., executed with the taxpayer's authorized signature OR  the taxpayer's authorized signature is in part 3 of this form.
  - I am an uncompensated representative filing this petition AND (check one)
    - the taxpayer's authorization is attached OR  the taxpayer's authorized signature is in part 3 of this form.

I understand that written authorization from the taxpayer is required for access to confidential information from the property appraiser or tax collector.

Under penalties of perjury, I declare that I am the owner's authorized representative for purposes of filing this petition and of becoming an agent for service of process under s. 194.011(3)(h), Florida Statutes, and that I have read this petition and the facts stated in it are true.

\_\_\_\_\_  
Signature, representative

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

IN RE: PETITION TO THE VALUE ADJUSTMENT BOARD

DJ SALVATORE LLC - Parcel ID – 28-36-25-0000-0025-0000  
SALVATOREJR LLC - Parcel ID – 28-36-25-0000-0080-0000

NOTICE OF UNAVAILABILITY FOR HEARING

COMES NOW, the undersigned attorney and states that as a preliminary matter the undersigned is unavailable for a hearing on the following specific dates: *to wit*: the entire month of August 2025; September 1, 8, 12, 15, 16, 17, 22, 23, 24, 25, 26 and 29, 2025.

The undersigned further states and requests that to ensure the availability that any hearing be cleared with the undersigned scheduler at:

**\*Scheduling Email: [scheduling@tribblelawcenterpa.net](mailto:scheduling@tribblelawcenterpa.net)**

/s/ Tarya A. Tribble  
TARYA A. TRIBBLE, ESQUIRE  
Tribble Law Center, P.A.  
Florida Bar No.: 0165999  
6328 US HWY 301 SOUTH  
Riverview, FL 33578  
Phone: 813-672-8333  
Fax: 813-672-0023  
[tarya@tribblelawcenterpa.com](mailto:tarya@tribblelawcenterpa.com)

IN RE: PETITION TO THE VALUE ADJUSTMENT BOARD

DJ SALVATORE LLC - Parcel ID – 28-36-25-0000-0025-0000

SALVATOREJR LLC - Parcel ID – 28-36-25-0000-0080-0000

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**\*Scheduling Email: [scheduling@tribblelawcenterpa.net](mailto:scheduling@tribblelawcenterpa.net)**

/s/ Tarya A. Tribble \_\_\_\_\_  
TARYA A. TRIBBLE, ESQUIRE  
Tribble Law Center, P.A.  
Florida Bar No.: 0165999  
6328 US HWY 301 SOUTH  
Riverview, FL 33578  
Phone: 813-672-8333  
Fax: 813-672-0023  
[tarya@tribblelawcenterpa.com](mailto:tarya@tribblelawcenterpa.com)

VAB petition 5



AllPaid  
7820 Innovation Boulevard Suite 250  
Indianapolis, IN 46278  
24hr. Customer Service #: 888-604-7888

**Admin & Civil Payments Payment Confirmation (Ref #: 47846567)**

**PLC:** Desoto County B O C C  
**A002M7** 201 East Oak Street, #205  
Arcadia, Florida 34266  
For: Admin & Civil Payments

**Date:** 07/31/2025 15:04 EDT

**TRANSACTION INFORMATION**

**Name:** D Salvatore Jr  
**Reason For Payment:** Other  
**Notes:** Vab

**Transaction Reference #:** 47846567  
**Transaction Date/Time:** 07/31/2025 15:04 EDT

**BILLING INFORMATION**

**Name:** Daniel Salvatore Jr  
**Address:** 4902  
**City, State Zip:** Sarasota, FL 34240  
**Phone #:** (941)685-9229  
**Card #:** xxxx-xxxx-xxxx-9229

**PAYMENT INFORMATION**

**Approval #:** 180219  
**Payment Amount:** \$15.00  
**Service Fee:** \$3.99  
**Total Amount:** \$18.99

**The service fee is not refundable.**

**ATTENTION CARDHOLDER**

If you have questions about the processing of your payment, please call AllPaid at 888-604-7888.

Thank you for using AllPaid



# DeSoto County

3/25/2026

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Item #: 2.

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**TITLE & DESCRIPTION:**

**Petition 6 SalvatoreJR LLC  
Agricultural Exemption  
Petition to the Value Adjustment Board**

**Petition Number:**

**Petition 6  
Agricultural Exemption**

**Taxpayer Name:**

**SalvatoreJR LLC**

**Parcel ID:**

**28-36-25-0000-0080-0000**

**Parcel Address:**

**3808 NE Karson St.  
Arcadia, FL 34266**



**PETITION TO THE VALUE ADJUSTMENT BOARD  
REQUEST FOR HEARING**  
Section 194.011, Florida Statutes

DR-486  
R. 11/23  
Rule 12D-16.002  
F.A.C.  
Effective 11/23  
Page 1 of 3

You have the right to an informal conference with the property appraiser. This conference is not required and does not change your filing due date. You can present facts that support your claim and the property appraiser can present facts that support the correctness of the assessment. To request a conference, contact your county property appraiser.

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COMPLETED BY CLERK OF THE VALUE ADJUSTMENT BOARD (VAB)			
Petition # <b>6</b>	County <b>Desoto</b>	Tax year <b>2025</b>	Date received <b>7/31/25</b>

**COMPLETED BY THE PETITIONER**

PART 1. Taxpayer Information	
Taxpayer name <b>SALVATOREJR LLC</b>	Representative <b>Tarya A. Tribble, Esq.</b>
Mailing address <b>c/o Tribble Law Center, PA for notices 6328 US Highway 301 S. Riverview, FL 33578</b>	Parcel ID and physical address or TPP account # <b>28-36-25-0000-0080-0000 3808 NE Karson St. Arcadia, FL 34266</b>
Phone <b>813-672-8333</b>	Email <b>tarya@tribblelawcenterpa.com</b>

The standard way to receive information is by US mail. If possible, I prefer to receive information by  email  fax.

I am filing this petition after the petition deadline. I have attached a statement of the reasons I filed late and any documents that support my statement.

I will not attend the hearing but would like my evidence considered. (In this instance only, you must submit duplicate copies of your evidence to the value adjustment board clerk. Florida law allows the property appraiser to cross examine or object to your evidence. The VAB or special magistrate ruling will occur under the same statutory guidelines as if you were present.)

**Type of Property**  Res. 1-4 units  Industrial and miscellaneous  High-water recharge  Historic, commercial or nonprofit  
 Commercial  Res. 5+ units  Agricultural or classified use  Vacant lots and acreage  Business machinery, equipment

**PART 2. Reason for Petition**  Check one. If more than one, file a separate petition.

<input type="checkbox"/> Real property value (check one): <input type="checkbox"/> decrease <input type="checkbox"/> increase	<input type="checkbox"/> Denial of exemption Select or enter type: _____
<input checked="" type="checkbox"/> Denial of classification	Choose an item. _____
<input type="checkbox"/> Parent/grandparent reduction	<input type="checkbox"/> Denial for late filing of exemption or classification (Include a date-stamped copy of application.)
<input type="checkbox"/> Property was not substantially complete on January 1	<input type="checkbox"/> Qualifying improvement (s. 193.1555(5), F.S.) or change of ownership or control (s. 193.155(3), 193.1554(5), or 193.1555(5), F.S.)
<input type="checkbox"/> Tangible personal property value (You must have timely filed a return required by s.193.052. (s.194.034, F.S.))	
<input type="checkbox"/> Refund of taxes for catastrophic event	

Check here if this is a joint petition. Attach a list of units, parcels, or accounts with the property appraiser's determination that they are substantially similar. (s. 194.011(3)(e), (f), and (g), F.S.)

Enter the time (in minutes) you think you need to present your case. Most hearings take 15 minutes. The VAB is not bound by the requested time. For single joint petitions for multiple units, parcels, or accounts, provide the time needed for the entire group.

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**PART 3. Taxpayer Signature**

Complete part 3 if you are representing yourself or if you are authorizing a representative listed in part 5 to represent you without attaching a completed power of attorney or authorization for representation to this form.  
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I authorize the person I appoint in part 5 to have access to any confidential information related to this petition. Under penalties of perjury, I declare that I am the owner of the property described in this petition and that I have read this petition and the facts stated in it are true.

\_\_\_\_\_  
Signature, taxpayer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**PART 4. Employee, Attorney, or Licensed Professional Signature**

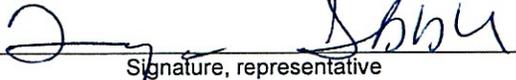
Complete part 4 if you are the taxpayer's or an affiliated entity's employee or you are one of the following licensed representatives.

I am (check any box that applies):

- An employee of \_\_\_\_\_ (taxpayer or an affiliated entity).
- A Florida Bar licensed attorney (Florida Bar number 0165999).
- A Florida real estate appraiser licensed under Chapter 475, Florida Statutes (license number \_\_\_\_\_).
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I understand that written authorization from the taxpayer is required for access to confidential information from the property appraiser or tax collector.

Under penalties of perjury, I certify that I have authorization to file this petition on the taxpayer's behalf, and I declare that I am the owner's authorized representative for purposes of filing this petition and of becoming an agent for service of process under s. 194.011(3)(h), Florida Statutes, and that I have read this petition and the facts stated in it are true.

  
Signature, representative

Tarya A. Tribble, Esq.  
Print name

7/30/2025  
Date

**PART 5. Unlicensed Representative Signature**

Complete part 5 if you are an authorized representative not listed in part 4 above.

- I am a compensated representative not acting as one of the licensed representatives or employees listed in part 4 above AND (check one)
  - Attached is a power of attorney that conforms to the requirements of Part II of Chapter 709, F.S., executed with the taxpayer's authorized signature OR  the taxpayer's authorized signature is in part 3 of this form.
  - I am an uncompensated representative filing this petition AND (check one)
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\_\_\_\_\_  
Signature, representative

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

IN RE: PETITION TO THE VALUE ADJUSTMENT BOARD

DJ SALVATORE LLC - Parcel ID – 28-36-25-0000-0025-0000  
SALVATOREJR LLC - Parcel ID – 28-36-25-0000-0080-0000

NOTICE OF UNAVAILABILITY FOR HEARING

COMES NOW, the undersigned attorney and states that as a preliminary matter the undersigned is unavailable for a hearing on the following specific dates: *to wit*: the entire month of August 2025; September 1, 8, 12, 15, 16, 17, 22, 23, 24, 25, 26 and 29, 2025.

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**\*Scheduling Email: [scheduling@tribblelawcenterpa.net](mailto:scheduling@tribblelawcenterpa.net)**

/s/ Tarya A. Tribble  
TARYA A. TRIBBLE, ESQUIRE  
Tribble Law Center, P.A.  
Florida Bar No.: 0165999  
6328 US HWY 301 SOUTH  
Riverview, FL 33578  
Phone: 813-672-8333  
Fax: 813-672-0023  
[tarya@tribblelawcenterpa.com](mailto:tarya@tribblelawcenterpa.com)

VAB petition 6



AllPaid  
7820 Innovation Boulevard Suite 250  
Indianapolis, IN 46278  
24hr. Customer Service #: 888-604-7888

**Admin & Civil Payments Payment Confirmation (Ref #: 47846501)**

**PLC:** Desoto County B O C C  
**A002M7** 201 East Oak Street, #205  
Arcadia, Florida 34266  
**For: Admin & Civil Payments**

**Date:** 07/31/2025 15:01 EDT

**TRANSACTION INFORMATION**

**Name:** D Salvatore Jr  
**Reason For Payment:** Other  
**Notes:** Vab

**Transaction Reference #:** 47846501  
**Transaction Date/Time:** 07/31/2025 15:01 EDT

**BILLING INFORMATION**

**Name:** Daniel Salvatore Jr  
**Address:** 4902  
**City, State Zip:** Sarasota, FL 34240  
**Phone #:** (941)685-8657  
**Card #:** xxxx-xxxx-xxxx-9229

**PAYMENT INFORMATION**

**Approval #:** 180219  
**Payment Amount:** \$15.00  
**Service Fee:** \$3.99  
**Total Amount:** \$18.99

**The service fee is not refundable.**

**ATTENTION CARDHOLDER**

If you have questions about the processing of your payment, please call AllPaid at 888-604-7888.

Thank you for using AllPaid