SENDER: COMPLETE THIS SECTION	COMPLETE THE SECTION ON DELIVERY	
	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	
Print your name and address on the reverse	X Agent	
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.	B. Received by (Printed Name) C. Date of Delivery	
Department of Environmental Protecti	address different from item 1? Yes	
Office of Intergovernmental Programs	On ar delivery address below: No	
3900 Commonwealth Boulevard, Mail	Station 47	
Tallahassee, FL 32399-3000	Station 47	
Attn: Jim Quinn, Environmental Mana	ager	
Zama, Davironmontai Ividite		
(JA2010-09	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise	
C11 2010-01	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7007	0710 0005 1078 6472	
PO F 2011 F :		
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540	
•	() Additional () () () () () () () () () (
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X & Agent D Addressee	
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery	
Attach this card to the back of the mailpiece, or on the front if space permits.	SM)+42 1118/11	
	y address different from Item 1? Yes	
South Florida Water Management Dist	TTCt nter delivery address below: No	
3301 Gun Club Road		
West Palm Beach, FL 33406		
Attn: Jim Jackson, A.I.C.P., Senior Supervisor		
Planner L	3. Service Type	
(DA2010-09	Certified Mail Express Mail	
(1) 7010 01	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number		
(Transfer from service label) 7007 0710 0005 1078 6434		
PS Form 3811, February 2004 Domestic Retu	ım Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	Mull elle ex	☐ Agent☐ Addressee
Department of Transportation, District Southwest Area Urban Office 2295 Victoria Avenue, Suite 292 Fort Myers, FL 33902		
Attn: Lawrence Massey, Growth Man Coordinator	Certified Mail	ot for Merchandise
Con e sie	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7 0 0 7	0710 0005 1078 6 44	<u> </u>
PS Form 3811, February 2004 Domestic Re	turn Receipt	102595-02-M-154
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. 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 mailninge		ERY. ☐ Agent ☐ Addressee ☐ Date of Delivery
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. 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. Department of State Bureau of Historic Preservation 500 South Bronough Street	A. Signature X	ERY. ☐ Agent ☐ Addressee ☐ Date of Delivery
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. 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. Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250	A. Signature X B. De Policy (Plated Name) Control of the delivery address below:	ERY ☐ Agent ☐ Addressee ☐ Date of Delivery
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. 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. Department of State Bureau of Historic Preservation 500 South Bronough Street	A. Signature X B. DEPI by (Plated Varie) B. DEPI by (Plated Varie) Collins of the plate of t	Agent Addressee Date of Delivery Yes No
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. 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. Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp, Historic Preservation	A. Signature X B. B. Pilly (Plated Varie) B. B. Pilly (Plated Varie) Continued All Express Mail Registered Return Receip Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	☐ Agent ☐ Addressee ☐ Date of Delivery ☐ Yes ☐ No ☐ No

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature X W W W W W W B. (Received by (Printed Name) WENAY EVAN 5	Agent ZE Addressee C. Date of Delivery
Department of Agriculture and Consur Bureau of Planning and Budgeting CA8, The Capitol Tallahassee, FL 32399-0810 Attn: Wendy Evans, Administrative A		
CPA2010-09	Certified Mail Express Ma	il elpt for Merchandise
2. Article Number (Transfer from service label) 7007	0710 0005 1078 64	· · · · · · · · · · · · · · · · · · ·
PS Form 3811, February 2004 Domestic Re	eturn Receipt	102595-02-M-1540
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item. 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIV	-
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 parmits.	B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
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. Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coord 620 South Meridian Street, Farris Bryan	B. Received by (Printed Name) dress different from Item delivery address below JAN 1 8 2011	☐ Agent ☐ Addressee C. Date of Delivery 1? ☐ Yes : ☐ No
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. Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coord	B. Received by (Printed Name) delivery address below JAN 1 8 2011 dination nt Building ROOM 3. Service Type Certified Mall Express Mall	☐ Agent ☐ Addressee C. Date of Delivery 1? ☐ Yes : ☐ No
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. Florida Fish and Wildlife Conservation Commission Office of Policy and Stakeholder Coord 620 South Meridian Street, Farris Bryan Tallahassee, FL 32399-1600 Attn: Mary Ann Poole, Director	B. Received by (Printed Name) delivery address below JAN 1 8 2011 dination at Building ROOM 3. Service Type Certified Mail Express Mail Registered Return Received Return Received Restricted Delivery? (Extra Fee)	☐ Agent ☐ Addressee C. Date of Delivery 1? ☐ Yes ☐ No pt for Merchandise ☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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: Department of Community Affairs Division of Community Planning	A. Signature X	
2555 Shumard Oak Boulevard Tallahassee, FL 32399 Attn: Ray Eubanks, Plan Processing Administrator CAPOLO-09	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	
2. Article Number 7007 0710 0005 1078 6489		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery Deb Goot Agent Addressee	
1. Southwest Florida Regional Planning Council nter delivery address below: 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Mr. Ken Heatherington, Exec. Director		
CPA2010-09	3. Service Type Control Mail	
2. Article Number (Transfer from service label) 7007	0710 0005 1078 6427	

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