

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>CPA 2013-02</u> South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section  <u>DEO Transmittal Packet</u>	B. Received by (Printed Name) <u>Tim Varile</u>	C. Date of Delivery <u>10/30</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <u>7007 0710 0005 1079 6235</u>		
PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540		

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1. Article Addressed to: <u>CPA 2013-02</u> Ray Eubanks, Plan Review and Processing Admin. State Land Planning Agency Department of Economic Opportunity Caldwell Building 107 East Madison Street MSC 160 Tallahassee, FL 32399-4120  <u>DEO Transmittal Pkt.</u>	B. Received by (Printed Name) <u>Lee Conway</u>	C. Date of Delivery <u>OCT 31 2013</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <u>7007 0710 0005 1079 6181</u>		
PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540		

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<p>1. Article Addressed to: <i>CPT 2013-02</i></p> <p>Department of Agriculture  Office of Policy and Budget  The Capitol, Plaza Level 8  Tallahassee, FL 32399-0800  Attn: Comprehensive Plan Review</p> <p><i>DEO Transmitted PKT</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7007 0710 0005 1079 6174</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to: <i>CPT 2013-02</i></p> <p>Department of State  Bureau of Historic Preservation  500 South Bronough Street  Tallahassee, FL 32399-0250  Attn: Susan Harp, Historic Preservation</p> <p><i>DEO Transmitted PKT</i></p> <p><i>Planner</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>DEPT. OF STATE</b>  <b>OCT 30 2013</b></p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7007 0710 0005 1079 6204</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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1. Article Addressed to: <i>CFA2013-02</i>	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery <i>10/30/17</i>
Department of Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber <i>DEO Transmittal PKT.</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number ( <i>Transfer from service label</i> )	7007 0710 0005 1079 6167	
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1. Article Addressed to: <i>CFA2013-02</i>	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery <i>10/31/17</i>
Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Jim Quinn, Environmental Manager <i>DEO Transmittal PKT.</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number ( <i>Transfer from service label</i> )	7007 0710 0005 1079 6198	
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1. Article Addressed to: <i>CFA 2013-02</i> Florida Fish and Wildlife Conservation Commission Conservation Planning Services 620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600 Attn: Scott Sanders <i>DEO Transmitted PKT</i>	B. Received by (Printed Name) <i>Eric Scarborough</i> C. Date of Delivery <i>10-31-13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7007 0710 0005 1079 6211 Domestic Return Receipt      102595-02-M-1540

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1. Article Addressed to: <i>CFA 2013-02</i> Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle <i>DEO Transmitted PKT</i>	B. Received by (Printed Name) <i>M. Doyle</i> C. Date of Delivery <i>10/29/13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7007 0710 0005 1079 6242 Domestic Return Receipt      102595-02-M-1540

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1. Article Addressed to: *CPA 2013-02*  
Department of Transportation  
District One  
Southwest Area Urban Office  
10041 Daniels Parkway  
Fort Myers, FL 33913  
Attn: Lawrence Massey, Growth  
Management Coordinator

*DEO transmitted pckt*

2. Article Number  
(Transfer from service label) **7007 0710 0005 1079 6228**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Marilyn Gabrielle*  Agent  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes