SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to: CPA 7013-02	D. Is delivery address different from item 1?
South Florida Water Management Distri	ct
3301 Gun Club Road, MSC 2640	
West Palm Beach, FL 33406	
Attn: Terry Manning, AICP	. Service Type
Intergovernmental Coordination Section  Dio Transmittal Packet	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
De Transmisse   expe	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0710 0005 1079 6235
DO Forms 2011 F. L. Cook	
Domestic Ret	urn Hecelpt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON 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	A. Signature  X  A. Signature  X  C. Date of Delivery  C. Date of Delivery
<ul> <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  X  CE  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from fight 1?   Yes
<ul> <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> <li>1. Article Addressed to: PA 2013-02</li> </ul>	A. Signature  X  C E
<ul> <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> <li>Article Addressed to: CPA 2013-02</li> <li>Ray Eubanks, Plan Review and Processing</li> </ul>	A. Signature  X  E
<ul> <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> <li>Article Addressed to: CPA 2013 O2</li> <li>Ray Eubanks, Plan Review and Processing State Land Planning Agency</li> </ul>	A. Signature  X CE Lagent Addressee  B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from 11  Yes  Admin.  Admin.
<ul> <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> <li>Article Addressed to: CPA 2013-02</li> <li>Ray Eubanks, Plan Review and Processing</li> </ul>	A. Signature  X  E
<ul> <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> <li>Article Addressed to:</li> <li>Ray Eubanks, Plan Review and Processing State Land Planning Agency</li> <li>Department of Economic Opportunity</li> </ul>	A. Signature  X CE Digent Addressee  B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from Item 1? Yes Og Admin.  Admin.  Lee Conway  Service Type
<ul> <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> <li>Article Addressed to: CPA 2013-02</li> <li>Ray Eubanks, Plan Review and Processin State Land Planning Agency</li> <li>Department of Economic Opportunity</li> <li>Caldwell Building</li> </ul>	A. Signature  X CE Addressee  B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? Yes  Admin.  Admin.  Cee Conway  Service Type Certified Mail Express Mail
<ul> <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> <li>1. Article Addressed to: Article Addressed to: Ray Eubanks, Plan Review and Processing State Land Planning Agency</li> <li>Department of Economic Opportunity</li> <li>Caldwell Building</li> <li>107 East Madison Street MSC 160</li> </ul>	A. Signature  X  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from Jen 1?  Yes  Admin.  Admin.  Lee Conway  Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
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.  Article Addressed to:  Ray Eubanks, Plan Review and Processing State Land Planning Agency Department of Economic Opportunity Caldwell Building 107 East Madison Street MSC 160 Tallahassee, FL 32399-4120	A. Signature  X

SENDER: COMPLETE THIS SECTION  ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Agent
<ul> <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>	Wendy Wans 1/2	□ Addressee Date of Delivery   3   0   0   □ Yes
1. Article Addressed to:	D. Is delivery address different from item 17  If YES, enter delivery address below:	☐ No
Department of Agricultur.	พ่ายอร	
Office of Policy and Budget The Capitol, Plaza Level 8		
Tallahassee, FL 32399-0800		
Attn: Comprehensive Plan Review	3. Service Type	
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for ☐ Insured Mail ☐ C.O.D.	or Merchandise
DEO toanson Atal PKT	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label)	0710 0005 1079 6174	
PS Form 3811, February 2004 Domestic Retu	urn Receipt	102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	
Complete items 1, 2, and 3. Also complete	A. Signature	RY
item 4 if Restricted Delivery is desired	A. Signature	RY
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X	☐ Agent
<ul> <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>	X	☐ Agent ☐ Addresse Date of Deliver
<ul> <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. Received by (Printed Name) C.  D. Is delivery address different from item 1?	☐ Agent ☐ Addresse Date of Deliver
<ul> <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> <li>1. Article Addressed to: CAR Joing Department of State</li> </ul>	X  B. Received by (Printed Name)  C.	☐ Agent ☐ Addresse Date of Deliver
<ul> <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> <li>Article Addressed to:</li></ul>	B. Received by (Printed Name) C.  D. Is delivery address different from item 1?	☐ Agent ☐ Addresse Date of Deliver
<ul> <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> <li>1. Article Addressed to: CAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA</li></ul>	B. Received by ( <i>Printed Name</i> )  C.  D. Is delivery address different from item 17  If YES enter delivery address below.	☐ Agent ☐ Addresse Date of Deliver
<ul> <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> <li>Article Addressed to: The Joint Preservation</li> <li>South Bronough Street</li> <li>Tallahassee, FL 32399-0250</li> </ul>	B. Received by (Printed Name)  C.  D. Is delivery address different from item 1?  If YES enter delivery address below:	☐ Agent ☐ Addresse Date of Deliver
<ul> <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> <li>1. Article Addressed to: Children Common Co</li></ul>	B. Received by (Printed Name)  C.  D. Is delivery address different from item 1?  If YES arrive delivery address below.  3. Service Type  Coertified Mail	☐ Agent☐ Addresse  Date of Deliver  Y☐ Yes☐ No
<ul> <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> <li>1. Article Addressed to: The John State</li> <li>Bureau of Historic Preservation</li> <li>500 South Bronough Street</li> <li>Tallahassee, FL 32399-0250</li> <li>Attn: Susan Harp, Historic Preservation</li> </ul>	B. Received by ( <i>Printed Name</i> )  C.  D. Is delivery address different from item 1?  If YES, an ender delivery address below.	☐ Agent☐ Addresse  Date of Deliver  Y☐ Yes☐ No
<ul> <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> <li>1. Article Addressed to: The John South Bronough Street</li> <li>Tallahassee, FL 32399-0250</li> </ul>	B. Received by (Printed Name)  C.  D. Is delivery address different from item 1?  If YES arrive delivery address below.  3. Service Type  Certified Mail	☐ Agent☐ Addresse
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 State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Susan Harp, Historic Preservation  Planner	B. Received by (Printed Name)  C.  D. Is delivery address different from item 17  If YES and delivery address peroperations of the printer of	☐ Agent ☐ Addresse Date of Deliver  P☐ Yes ☐ No

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <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</li> </ul>	A. Signature Assert  X □ Addressee	
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	
1. Article Addressed to: CfA 2013-02	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No	
Department of Education Office of Educational Facilities		
325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.	
DEO Transmittal PHt.	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7007 0710 0005 1079 6167  PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		
•		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <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</li> </ul>	A. Signature  Agent  Addressed	
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 Deliver	
1. Article Addressed to: CPA 2013 - 02 Department of Environmental Protection	D. Is delivery address different from item 1? \( \square\) Yes \( \square\) nter delivery address below: \( \square\) No	
Office of Intergovernmental Programs		
3900 Commonwealth Boulevard, Mail S	Station 47	
Tallahassee, FL 32399-3000		
Attn: Jim Quinn, Environmental Manag	☐ Registered ☐ Return Receipt for Merchandis	
DEO Transmittel PKt.	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7007		
(Transfer from service label)	0710 0005 1079 6198	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  10-31-13
1. Article Addressed to: CPA 2013 Florida Fish and Wildlife Conservation Commission Conservation Planning Services 620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600	D. Is delivery address different from item 1?
Attn: Scott Sanders  DEO Transmittal PHD.	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
DEO 16 GOMINGO 1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0710 0005 1079 6211
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540 ;
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  10/29/13
1. Article Addressed to: CFF 2013-02	D. Is delivery address different from item 1? ☐ Yes ☐ S, enter delivery address below: ☐ No
Southwest Florida Regional Planning Council	
1926 Victoria Avenue	
Fort Myers, FL 33901	
Attn: Margaret Wuerstle  DEO Transmittel PKt.	3. Service Type  Certifled Mail
2. Article Number	710   0005   1079   6242
(Transfer from service label)	
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

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<ul> <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  Agent  Addressee  B. Received by (Rrinted Name)  C. Date of Delivery
1. Article Addressed to: CHOOL3 - OP Department of Transportation District One	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913	3. Service Type
Attn: Lawrence Massey, Growth  Management Coordinator	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
DEO transmotel PKt	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0710 0005 1079 6228
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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