


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"/> 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Adoption</i>  <div style="border: 1px solid black; padding: 5px;">             Southwest Florida Regional Planning Council              1926 Victoria Avenue              Fort Myers, FL 33901              Attn: Margaret Wuerstle           </div> <i>CFA 2013-02; 03; 05</i>	B. Received by (Printed Name) <i>N. Winnett</i>	C. Date of Delivery <i>1-29-14</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt		102595-02-M-1540

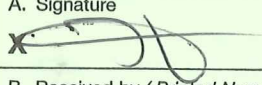
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1. Article Addressed to: <i>Adoption</i>  <div style="border: 1px solid black; padding: 5px;">             Florida Fish and Wildlife              Conservation Commission              Conservation Planning Services              620 South Meridian Street, MB 5B5              Tallahassee, FL 32399-1600              Attn: Scott Sanders           </div> <i>CFA 2013-02; 03; 05</i>	B. Received by (Printed Name) <i>Ear Scarborough</i>	C. Date of Delivery <i>1-31-14</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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	B. Received by (Printed Name) <i>Jim Varle</i>	C. Date of Delivery <i>1/31/14</i>
1. Article Addressed to: <i>Adoption</i> South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section  <i>CPA 2013-02, 03, 05</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)	7007 0710 0005 1079 6495	
	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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

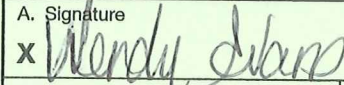
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	B. Received by (Printed Name) <i>Marilyn Gabrielle</i>	C. Date of Delivery <i>1-29-14</i>
1. Article Addressed to: <i>Adoption</i> Department of Transportation District One Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913 Attn: Lawrence Massey, Growth Management Coordinator  <i>CPA 2013-02, 03, 05</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)	7007 0710 0005 1079 6488	
	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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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<p>1. Article Addressed to: <i>Adoption</i></p> <p>Department of State  Bureau of Historic Preservation  500 South Bronough Street  Tallahassee, FL 32399-0250  Attn: Susan Harp, Historic Preservation  <span style="float: right;">Planner</span></p> <p><i>CFA 2013-02; 03; 05</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 style="text-align: center;"><b>DEPT. OF ST.</b></p> <p style="text-align: center;"><i>JAN 31 2014</i></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 style="text-align: center;">7007 0710 0005 1079 6464</p>
<p>PS Form 3811, February 2004 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

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<p>1. Article Addressed to: <i>Adoption</i></p> <p>Department of Education  Office of Educational Facilities  325 West Gaines Street, Suite 1014  Tallahassee, FL 32399-0400  Attn: Tracy D. Suber</p> <p><i>CFA 2013-02; 03; 05</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 style="text-align: center;"><i>11/30/14</i></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 style="text-align: center;">7007 0710 0005 1079 6440</p>
<p>PS Form 3811, February 2004 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

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	B. Received by (Printed Name) <b>LEROY JONES</b>	C. Date of Delivery <b>1/31/14</b>
1. Article Addressed to: <i>Adoption</i> Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Jim Quinn, Environmental Manager	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)	7007 0710 0005 1079 6457	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

*CPA 201302; 03; 05*

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	B. Received by (Printed Name) <b>Wendy Evans</b>	C. Date of Delivery <b>1/31/14</b>
1. Article Addressed to: <i>Adoption</i> Department of Agriculture and Consumer Services Office of Policy and Budget The Capitol, Plaza Level 8 Tallahassee, FL 32399-0800 Attn: Comprehensive Plan Review	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)	7007 0710 0005 1079 6426	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

*CPA 2013-02; 03; 05*

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1. Article Addressed to: *Adoption Pkt.*  
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

*CPA 2013-02, 03, 05*

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Lee Conway*  Addressee

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7007 0710 0005 1079 6433