

| 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<br><input checked="" type="checkbox"/> X <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span>               |                     |
|  | B. Received by (Printed Name)  | C. Date of Delivery |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><small>If YES, enter delivery address below:</small> |                     |
| Ray Eubanks, Plan Review and Processing Admin<br>State Land Planning Agency<br>Department of Economic Opportunity<br>Caldwell Building<br>107 East Madison Street, MSC 160<br>Tallahassee, FL 32399-4120   |  |                     |
| 2. Article Number<br><small>(Transfer from service label)</small>  | 7007 0710 0005 1079 8048   |                     |
| PS Form 3811, February 2004  | Domestic Return Receipt  | 102595-02-M-1540    |

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DEO ADN CPA2014-01  
2015-06, 2015-08

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| <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<br><input checked="" type="checkbox"/> X <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span>               |                     |
|  | B. Received by (Printed Name)  | C. Date of Delivery |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><small>If YES, enter delivery address below:</small> |                     |
| Southwest Florida Regional Planning Council<br>1926 Victoria Avenue<br>Fort Myers, FL 33901<br>Attn: Margaret Wuerstle   |  |                     |
| 2. Article Number<br><small>(Transfer from service label)</small>  | 7007 0710 0005 1079 8017   |                     |
| PS Form 3811, February 2004  | Domestic Return Receipt  | 102595-02-M-1540    |

REBEKAH HAY

REBEKAH HAY

7/8

DEO ADN CPA2014-01  
2015-06, 2015-08

7007 0710 0005 1079 8017

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| Postage  | \$ |  |
| Certified Fee  |    |  |
| Return Receipt Fee<br><small>(Endorsement Required)</small>      |    |  |
| Restricted Delivery Fee<br><small>(Endorsement Required)</small> |    |  |
| Total Postage & Fees   | \$ |  |

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Southwest Florida Regional Planning Council  
 1926 Victoria Avenue  
 Fort Myers, FL 33901  
 Attn: Margaret Wuerstle

PS Form 3800, August 2006 See Reverse for Instructions

| 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<br>X <i>Tim Varle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee   |
|  | B. Received by (Printed Name) <i>Tim Varle</i> C. Date of Delivery <i>1/29/16</i>  |
| 1. Article Addressed to:<br>South Florida Water Management District<br>3301 Gun Club Road, MSC 2640<br>West Palm Beach, FL 33406<br>Attn: Terry Manning, AICP<br>Intergovernmental Coordination Section<br><b>DEO ADN CPA2014-01</b><br><b>2015-06, 2015-08</b>  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:  |
|  | Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| 2. Article Number<br>(Transfer from service label)   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
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| <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<br>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee   |
|  | B. Received by (Printed Name) C. Date of Delivery   |
| 1. Article Addressed to:<br>Department of Environmental Protection<br>Office of Intergovernmental Programs<br>3900 Commonwealth Boulevard, Mail Station 47<br>Tallahassee, FL 32399-3000<br>Attn: Plan Review<br><b>DEO ADN CPA2014-01</b><br><b>2015-06, 2015-08</b>  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:   |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| 2. Article Number<br>(Transfer from service label)   | 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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| Certified Fee                                  |    |  |
| Return Receipt Fee (Endorsement Required)      |    |  |
| Restricted Delivery Fee (Endorsement Required) |    |  |

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Department of Environmental Protection  
 Office of Intergovernmental Programs  
 3900 Commonwealth Boulevard, Mail Station 47  
 Tallahassee, FL 32399-3000  
 Attn: Plan Review

PS Form 3800, August 2006 See Reverse for Instructions

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| Certified Fee                                  |    |  |
| Return Receipt Fee (Endorsement Required)      |    |  |
| Restricted Delivery Fee (Endorsement Required) |    |  |

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South Florida Water Management District  
 3301 Gun Club Road, MSC 2640  
 West Palm Beach, FL 33406  
 Attn: Terry Manning, AICP  
 Intergovernmental Coordination Section

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0005 1079 8000

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |  |
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| <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>                            | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>   |  |
| <p>1. Article Addressed to:</p> <p>Florida Fish and Wildlife<br/>           Conservation Commission<br/>           Conservation Planning Services<br/>           620 South Meridian Street, MB 5B5<br/>           Tallahassee, FL 32399-1600<br/>           Attn: Scott Sanders</p> <p><i>DEO ADN CPA 2014-01<br/>           2015-06, 2015-08</i></p> | <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery<br/> <i>Tom Scarborough</i> <input type="checkbox"/> 2-17-16</p>   |  |
|   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>2. Article Number<br/>           (Transfer from service label)</p> <p>7007 0710 0005 1079 8024</p>   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
|   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>   |  |  |

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| <p>1. Article Addressed to:</p> <p>Department of Transportation, District One<br/>           Southwest Area Urban Office<br/>           10041 Daniels Parkway<br/>           Fort Myers, FL 33913<br/>           Attn: Sarah Catala, Growth Management<br/>           Coordinator</p> <p><i>DEO ADN CPA 2014-01<br/>           2015-06, 2015-08</i></p> | <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery<br/> <i>STRANMELL</i> <input type="checkbox"/> 2/28/16</p>   |  |
|   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>   |  |
| <p>2. Article Number<br/>           (Transfer from service label)</p> <p>7007 0710 0005 1079 7997</p>   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
|   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>   |  |  |

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| Postage \$  | Postmark<br>Here   |
| Certified Fee   |  |
| Return Receipt Fee<br>(Endorsement Required)  |  |
| Restricted Delivery Fee<br>(Endorsement Required)   |  |
| To  | Florida Fish and Wildlife<br>Conservation Commission<br>Conservation Planning Services<br>620 South Meridian Street, MB 5B5<br>Tallahassee, FL 32399-1600<br>Attn: Scott Sanders |
| PS Form 3800, August 2006   | Reverse for Instructions   |

7007 0710 0005 1079 7997

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| <b>OFFICIAL USE</b>   |  |
| Postage \$  | Postmark<br>Here   |
| Certified Fee   |  |
| Return Receipt Fee<br>(Endorsement Required)  |  |
| Restricted Delivery Fee<br>(Endorsement Required)   |  |
| To  | Department of Transportation, District One<br>Southwest Area Urban Office<br>10041 Daniels Parkway<br>Fort Myers, FL 33913<br>Attn: Sarah Catala, Growth Management<br>Coordinator |
| PS Form 3800, August 2006   | Reverse for Instructions   |

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| 1. Article Addressed to:<br>Department of State<br>Bureau of Historic Preservation<br>500 South Bronough Street<br>Tallahassee, FL 32399-0250<br>Attn: Deena Woodward, Historic Preservation Planner<br><i>DEO ADN CPA 2014-01, 2015-06, 2015-08</i>   |  | B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span><br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br><p style="text-align: center;"><b>DEPT. OF STATE</b></p> <p style="text-align: center;"><b>FEB 16 2016</b></p> |  |
| 2. Article Number<br>(Transfer from service label)   |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes       |  |
| 7007 0710 0005 1079 7980   |  |   |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt 102595-02-M-1540  |  |

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| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
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| 1. Article Addressed to:<br>Department of Education<br>Office of Educational Facilities<br>325 West Gaines Street, Suite 1014<br>Tallahassee, FL 32399-0400<br>Attn: Tracy D. Suber<br><i>DEO ADN 2014-01, CPA 2015-06, 2015-08</i>  |  | B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span><br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br><p style="text-align: center;"><b>2/16/16</b></p>  |  |
| 2. Article Number<br>(Transfer from service label)   |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |
| 7007 0710 0005 1079 7966   |  |   |  |
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| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

1. Article Addressed to:  
Department of Education  
Office of Educational Facilities  
325 West Gaines Street, Suite 1014  
Tallahassee, FL 32399-0400  
Attn: Tracy D. Suber

2. Article Number (Transfer from service label)

PS Form 3800, August 2006 See Reverse for Instructions

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| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage & Fees                              | \$ |                  |

1. Article Addressed to:  
Department of State  
Bureau of Historic Preservation  
500 South Bronough Street  
Tallahassee, FL 32399-0250  
Attn: Deena Woodward, Historic Preservation Planner

2. Article Number (Transfer from service label)

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0005 1079 7980

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
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| <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> | <p>A. Signature <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>  |
| <p>1. Article Addressed to:</p> <p>Department of Agriculture and Consumer<br/> Office of Policy and Budget Services<br/> The Capitol, Plaza Level 8<br/> Tallahassee, FL 32399-0800<br/> Attn: Comprehensive Plan Review</p> <p><i>DEO ADN<br/> CRA 2014-01, 2015-06,<br/> 2015-08</i></p>                                       | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <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<br/> (Transfer from service label)</p>  | <p>7007 0710 0005 1079 7874</p>  |
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| <b>OFFICIAL USE</b>  |         |    |               |  |  |  |   |  |                  |
| <table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee<br/>(Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee<br/>(Endorsement Required)</td> <td></td> </tr> </table> | Postage | \$ | Certified Fee |  | Return Receipt Fee<br>(Endorsement Required) |  | Restricted Delivery Fee<br>(Endorsement Required) |  | Postmark<br>Here |
| Postage  | \$      |    |               |  |  |  |   |  |                  |
| Certified Fee  |         |    |               |  |  |  |   |  |                  |
| Return Receipt Fee<br>(Endorsement Required)   |         |    |               |  |  |  |   |  |                  |
| Restricted Delivery Fee<br>(Endorsement Required)  |         |    |               |  |  |  |   |  |                  |
| <p>7007 0710 0005 1079 7874</p> <p>Department of Agriculture and Consumer<br/> Office of Policy and Budget Services<br/> The Capitol, Plaza Level 8<br/> Tallahassee, FL 32399-0800<br/> Attn: Comprehensive Plan Review</p>   |         |    |               |  |  |  |   |  |                  |
| PS Form 3800, August 2006 See Reverse for Instructions   |         |    |               |  |  |  |   |  |                  |