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.	X ☐ Agent ☐ Addressee
Print your name and address on the reverse so that we can return the card to you.	LI Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? ☐ Yes
1. Article Addressed to:	delivery address below:
Ray Eubanks, Plan Review and Proces	sing Admin E VED
State Land Planning Agency	DEO Mail Center
Department of Economic Opportunity	DECT MAIN C
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107 East Madison Street, MSC 160	3. Service Type
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 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: Southwest Florida Regional Planning 	B. Received by (Printed Name) C. Date of Delive D. Is delivery address different from item 1: Yes **Yes** Yes**
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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: Southwest Florida Regional Planning 1926 Victoria Avanue Fort Myers, FL 33901 Attn: Margaret Wuerstle	B. Received by (Printed Name) D. Is delivery address different from item 1! Yes S, enter delivery address below: No Council 3. Service Type Certified Mail
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Southwest Florida Regional Planning Council
1926 Victoria Avenue
Fort Myers, FL 33901

Attn: Margaret Wuerstle

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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. 1. Article Addressed to: 	A. Signature X
South Florida Water Management Distr 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP	
DEO ADN CPA 2014-01 2015-06, 2015-08	
2. Article Number	
(Transfer from service label) 7 0 0 7 PS Form 3811, February 2004 Domestic Re	0710 0005 1079 8000
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
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. Article Addressed to: Department of Environmental Protectic Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Tallahassee, FL 32399-3000	
DEO ADN CAA2014-01	Certified Mail
2015-06,2015-08	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
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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

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	3301 Gun Club Road, MSC 2640			
7	West Palm Beach, FL 33406			
7	Attn: Terry Manning, AICP			
	Intergovernmental Coordination Section			
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1. Article Addressed to: Plouda Fish and Wildlife Conservation Commission Conservation Planning Servation	lices	D. Is delivery address different from If YES, enter delivery address	n item 1? Yes
620 South Meridian Street, Tailahassee, FL 32399-1600 Attn: Scott Sanders DEO ADN CPA-2 2015-06, 2015	014-0/	3. Service Type Certified Mail	Receipt for Merchandi
2. Article Number (Transfer from service label)	Secretaria de la constante de		024
		rurn Receipt	

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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Department of Transportation, District C Southwest Area Urban Office 10041 Daniels Parkway	he
Attn: Sarah Catala, Growth Manageme DEO ADV Coordinator CATANICA	. Service Type Other tified Mail
2015-06, 2015-08	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0710 0005 1079 7897
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0770	Restricted Delivery Fee (Endorsement Required) Florida Fish and Wildlife Conservation Commission			
7007	Conservation Planning Services Sire 620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600			
	Attn: Scott	Sanders	oce neverse ar Instructions	

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7007	Fort Myers, FL 3	3913	baccionical	
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COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. X Print your name and address on the reverse ☐ 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. D. Is delivery address different from item 1? 1 Atiola Addressed to If YES, enter delivery address below: Department of State DEPT. OF STATE Bureau of Historic Preservation 500 South Bronough Street FEB 16 2016 Taliahassee, FL 32399-0250 Attn: Deena Woodward, Historic 3. Service Type Certified Mail ☐ Express Mail Preservation Planner ☐ Registered ☐ Return Receipt for Merchandise DEO ADN CPAZOIY-0/ ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) 2015-06, 2015 ☐ Yes 2. Article Number 7007 0710 0005 1079 7980 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Article Addressed to:	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 DEO ADN 2-044-0/ CPA 2015-06, 2015-08	3. Service Type Certified Mail Registered Results Receipt for Merchandise C.O.D.
CPH 2013-06, 2015-08	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	7710 0005 1079 7966
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吕	Department of State			
7	Bureau of Historic Preservation			
~				
7007	Tallahassee, FL 32399-0250			
~	Attn: Deena Woodward, Historic Preservation			
	PS Form 3800, August 2006 Planner everse for Instructions			

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
1. Article Addressed to: Department of Agriculture and Consume Office of Policy and Budget The Capitol, Plaza Level 8 Tallahassee, FL 32399-0800	
Attn: Comprehensive Plan Review	. Service Type Certified Mall Express Mail
DEO ADN CPA 2014-01, 2015-06, 2015-08	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2015-08	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	787 7005 2079 7874
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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Office of Policy and Budget Services					es
7007	The Capitol, Plaza Level 8				
7	Tallahassee, FL 32399-0800		********		
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