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 EIVED Agent Addresse B. Received by Printed Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? Yes
Ray Eubanks, Plan Review and Process	If YES, enter delivery address below:
State Land Planning Agency	harry
Department of Economic Opportunity	Lee Conway
Caldwell Building	CONTRACTOR OF STREET
107 East Madison Street, MSC 100 7 Tallahassee, FL 32399-4120	3. Service Type Gretified Mail Registered Return Receipt for Merchandisc
DEO ADN CPAZOIS-L	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7013 105	
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-154
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1

and the Market		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
 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 mailplece, 	A. Signature X B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
South Florida Water Management Dist 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section		The second secon
DEO ADN CPA 2015-13	Certified Mail Express M	ail ceipt for Merchandise
2. Article Number 7013 1	090 0000 4960 3425	5
PS Form 3811, February 2004 Domestic Re	turn Receipt	102595-02-M-1540

1.4

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 Agent Addresse B/Received by (Printed Name) C. Coate of Delivery
t. Article Addressed to: Department of Transportation, District Southwest Area Urban Office 10041 Daniels Parkway	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Fort Myers, FL 33913	
Fort Myers, FL 33913 Attn: Sarah Catala, Growth Manageme Coordinator	Certified Mair Li Express Mail
Fort Myers, FL 33913 Attn: Sarah Gatala, Growth Manageme Coordinator	Registered Return Receipt for Merchandise
Fort Myers, FL 33913 Attn: Sarah Gatala, Growth Manageme	Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)

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 Agent Addressee B. Received by (Printed Name) C. 3 at 3 of Del May
1. Article Addressed to: Southwest Florida Regional Planning 1926 Victoria Avenue Fort Myers, FL 33901 Atm: Margaret Wuerstle	D. Is delivery address different from item 1?
DEO ADN CAA2015-13	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)	LO90 0000 4960 3449
PS Form 3811, February 2004 Domestic R	teturn Receipt 102595-02-M-1540

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 	A. Signature X
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: Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No IEPT. OF STATE MAR 2 9 2016
Attn: Deena Woodward, Historic Preservation Planner Planner	3. Service Type Certified Mall Registered Insured Mail C.O.D. Express Mall Return Receipt for Merchandise C.O.D.
Article Number (Transfer from service label) 7013	1090 0000 4960 3456
(Transfer from service label) 7013 Form 3811, February 2004 Domestic Ret	

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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: Florida Fish and Willlife Conservation Commission Conservation Planning Services 620 South Meridian Street, MB 5B5	D. Is delivery address different from item 1?	
Tallahassee, FL 32399-1600 Attn: Scott Sanders	3 Service Type If Certified Mall Registered Insured Mail C.O.D.	
DEO ADN CPA2015-13	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes	
2. Article Number (Transfer from service label)	3 1090 0000 4960 3463	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540	

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 Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Attn: Tracy D. Suber	3 Service Type C Certified Mail Registered Return Receipt for Merchandis
DEOADN CPA2015-13	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
	4. Restricted Delivery (Extra Pee)
2. Article Number (Transfer from service label) 701:	3 1090 0000 4960 3470
PS Form 3811, February 2004 Domestic Re	

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 	A. Signature X
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:	D. Is delivery address different from item 1? Yes
Department of Environmental Protection	I)
Office of Interview - 1 D	
Office of mergovernmental Programs	
	ALCO 18 10 10 10 10 10 10 10 10 10 10 10 10 10
3900 Commonwealth Boulevard, Mail	ALCO 18 10 10 10 10 10 10 10 10 10 10 10 10 10
3900 Commonwealth Boulevard, Mail Tallahassee, FL 32399-3000	Station 47 3. Service Type
3900 Commonwealth Boulevard, Mail Tallahassee, FL 32399-3000	Station 47 2. Service Type Certified Mail Express Mail
3900 Commonwealth Boulevard, Mail Tallahassee, FL 32399-3000 Attn: Plan Review	Station 47 2. Service Type Cartified Mail
Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Tallahassee, FL 32399-3000 Atm: Plan Review DEOADU CPA2015-13	Station 47 2. Service Type Certified Mail Registered Return Receipt for Merchandis
3900 Commonwealth Boulevard, Mail Tallahassee, FL 32399-3000 Attn: Plan Review	3. Service Type Certified Mail Registered Insured Mail C.O.D.

A. Signature X B. Received by (Printed Name) D. Is delivery address different from item If YES, enter delivery address below	
D. Is delivery address different from item	n 1? 🗆 Yes
If VEC anter dellicent address believe	
ices	
3 Service Type Certified Mail Registered Insured Mail C.O.D.	ll sipt for Merchandise
4. Restricted Delivery? (Extra Fee)	☐ Yes
0 0000 4960 3494	
	3 Service Type Certified Mail