

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature X RECEIVED DEO Mail Center</p> <p>B. Received by (Printed Name) Lee Conway</p> <p>C. Date of Delivery 11/15/2016</p>
<p>1. Article Addressed to:</p> <p>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</p> <p><i>DEO XMTL CPA2016-02</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>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>7007 0710 0005 1079 2091</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
<p>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</p>									
PS Form 3800, August 2006 See Reverse for Instructions									

7007 0710 0005 1079 2091

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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Department of Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber <i>DEO XMTL CPA 2016-02</i> </div>	<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>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>7007 0710 0005 1079 2138</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Return Receipt Fee (Endorsement Required) _____	
Restricted Delivery Fee (Endorsement Required) _____	
Tot: Department of Education	

Sent	Office of Educational Facilities
Street or P.O.	325 West Gaines Street, Suite 1014
City	Tallahassee, FL 32399-0400
	Attn: Tracy D. Suber

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	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
	ROSCOE HOLTON D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Plan Review <i>DEO XMTL</i> <i>CPA 2016-02</i>	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.	
2. Article Number (<i>Transfer from service label</i>)	7007 0710 0005 1079 2145	
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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

7007 0710 0005 1079 2145

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<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent X DEPT OF STATE <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> C. Date of Delivery JUN 15 2016</p>
<p>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</p> <p><i>DEO XMTL CPA 2016-02</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>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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1079 2114</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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

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7007 0710 0005 1079 2114

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<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>Jamy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section <i>DEO XMTL</i> <i>CPA 2016-02</i>		B. Received by (Printed Name) <i>Jamy</i> C. Date of Delivery <i>6/13/16</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)		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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7007 0710 0005 1079 2152	
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
7007 0710 0005 1079 2152 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	

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1. Article Addressed to: Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle	B. Received by (Printed Name) <i>Harp</i>	C. Date of Delivery <i>6-15-16</i>
<i>DEO XUTL</i> <i>CPA 2016-02</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No, enter delivery address below:	
2. Article Number (Transfer from service label)	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	7007 0710 0005 1079 2176	Domestic Return Receipt 102595-02-M-1540

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

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

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1. Article Addressed to: <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 DEO XMTL CPA206-02 </div>	B. Received by (Printed Name) _____ C. Date of Delivery 6-15
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 checked="" type="checkbox"/> No
	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.
7007 0710 0005 1079 2121	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">Postage</td> <td style="width: 10%; padding: 2px;">\$</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">Certified Fee</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Restricted Delivery Fee</td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee			Postmark Here
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<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>													

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1. Article Addressed to: Department of Agriculture and Consumer Services Office of Policy and Budget The Capitol, Plaza Level 8 Tallahassee, FL 32399-0800 Attn: Comprehensive Plan Review <i>DEO XMTL CPA 2016-02</i>	B. Received by (Printed Name) <i>Wendy Evans</i>	C. Date of Delivery <i>6/15/16</i>
2. Article Number <i>(Transfer from service label)</i>	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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Restricted Delivery Fee (Endorsement Required)	

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Department of Agriculture and Consumer Services
Office of Policy and Budget
The Capitol, Plaza Level 8
Tallahassee, FL 32399-0800
Attn: Comprehensive Plan Review

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<p>1. Article Addressed to:</p> <p>Department of Transportation, District One Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913 Attn: Sarah Catala, Growth Management Coordinator</p> <p><i>DEO XUTL CPA 2016-02</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input 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>7007 0710 0005 1079 2107</p>
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Department of Transportation, District One
 Southwest Area Urban Office
 10041 Daniels Parkway
 Fort Myers, FL 33913
 Attn: Sarah Catala, Growth Management
 Coordinator

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