

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>RECEIVED X DEQ Mail Center</p> <p>A. Signature: <i>Lee Conway</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to: <i>DEQ Adm</i>	B. Received by (<i>Printed Name</i>): <i>Lee Conway</i>	C. Date of Delivery: <i>05 23 2016</i>
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	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, delivery address below: <input type="checkbox"/> No	
CPA 2016-02	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 (Transfer from service label)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
	7007 0710 0005 1079 2343	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
7007 0710 0005 1079 2343	Ray Eubanks, Plan Review and Processing State Land Planning Agency Department of Economic Opportunity Caldwell Building 107 East Madison Street, MSC 160 Tallahassee, FL 32399-4120
	Admin.
PS Form 3806, August 2006 See Reverse for Instructions	

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 DEPT. OF STATE <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) AUG 23 2016</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: DEO ADV</p> <p>Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Deena Woodward, Historic Preservation Planner</p> <p>CPA 2016-02</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 2299</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

<table border="1"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<p>Postmark Here</p>
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									

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

PS Form 3800, August 2006 Reverse for Instructions

7007 0710 0005 1079 2299

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. 	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <u>DEO ADV</u> Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle	B. Received by (Printed Name) <u>N Guinnett</u>	C. Date of Delivery <u>9-1-14</u>
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	
<u>CPA 2016-02</u>	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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <u>7007 0710 0005 1079 2282</u>	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	Postmark Here
<u>7007 0710 0005 1079 2282</u> 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"> ■ 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery ROScoe HOLTON</p>
<p>1. Article Addressed to: DEO ADV</p> <p>Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Plan Review</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>CPA 2016-02</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7007 0710 0005 1079 2312</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

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 2312

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <u>DEO ADN</u>	B. Received by (Printed Name) <u>W. Evans</u> C. Date of Delivery <u>8/23/10</u>
Department of Agriculture and Consumer Office of Policy and Budget Services 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 <input type="checkbox"/> No If YES, enter delivery address below:
<u>CFA 2016-02</u>	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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <u>7007 0710 0005 1079 2336</u>
PS Form 3811, February 2004	Domestic Return Receipt
102595-02-M-1540	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

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

PS Form 3800, August 2005 See Reverse for Instructions

7007 0710 0005 1079 2336

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. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Jim Valle</i>
1. Article Addressed to: <i>DEO ADN</i>	B. Received by (Printed Name) <i>Jim Valle</i> C. Date of Delivery
South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7007 0710 0005 1079 2268
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

South Florida Water Management District

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

7007 0710 0005 1079 2268

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>C. <i>K Whitmire</i> <i>8/22/16</i></p>
<p>1. Article Addressed to: <i>DEO ADN</i></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>CPA 2016-02</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>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 <small>(Transfer from Service label)</small></p>	<p><i>7007 0710 0005 1079 2275</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Department of Transportation, District One
Southwest Area Urban Office
10041 Daniels Parkway
Fort Myers, FL 33913
Attn: Sarah Catala, Growth Management
Coordinator

7007 0710 0005 1079 2275

PS Form 3800, August 2006 See Reverse for Instructions

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. 	A. Signature <i>Mel...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>DEO ADN</i> <div style="border: 1px solid black; padding: 5px;"> Department of Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber <i>CPA 2016-02</i> </div>	B. Received by (Printed Name) _____ C. Date of Delivery <i>8/22/16</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <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
7007 0710 0005 1079 2329	
102595-02-M-1540	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">Postage</td> <td style="width: 20%; padding: 2px;">\$</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">Certified Fee</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Return Receipt Fee <small>(Endorsement Required)</small></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Restricted Delivery Fee <small>(Endorsement Required)</small></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Total</td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee <small>(Endorsement Required)</small>			Restricted Delivery Fee <small>(Endorsement Required)</small>			Total			Postmark Here
Postage	\$															
Certified Fee																
Return Receipt Fee <small>(Endorsement Required)</small>																
Restricted Delivery Fee <small>(Endorsement Required)</small>																
Total																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;"><small>Sent To:</small></td> <td style="padding: 2px;">Department of Education</td> </tr> <tr> <td style="padding: 2px;"><small>Street, or PO</small></td> <td style="padding: 2px;">Office of Educational Facilities</td> </tr> <tr> <td style="padding: 2px;"><small>City, S</small></td> <td style="padding: 2px;">325 West Gaines Street, Suite 1014</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Tallahassee, FL 32399-0400</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Attn: Tracy D. Suber</td> </tr> </table>	<small>Sent To:</small>	Department of Education	<small>Street, or PO</small>	Office of Educational Facilities	<small>City, S</small>	325 West Gaines Street, Suite 1014		Tallahassee, FL 32399-0400		Attn: Tracy D. Suber						
<small>Sent To:</small>	Department of Education															
<small>Street, or PO</small>	Office of Educational Facilities															
<small>City, S</small>	325 West Gaines Street, Suite 1014															
	Tallahassee, FL 32399-0400															
	Attn: Tracy D. Suber															

PS Form 3800, August 2006
See Reverse for Instructions

7007 0710 0005 1079 2329

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Paul Taylor</p> <p>C. Date of Delivery 8-23-16</p>
<p>1. Article Addressed to: <i>DEO ADN</i></p> <p>Florida Fish and Wildlife Conservation Commission Conservation Planning Services 620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600 Attn: Scott Sanders</p> <p><i>CFA 2016-02</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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 2305</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endor:)</td> <td></td> </tr> <tr> <td>Total</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endor:)		Total		<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endor:)											
Total											

Florida Fish and Wildlife
 Conservation Commission
 Conservation Planning Services
 620 South Meridian Street, MB 5B5
 Tallahassee, FL 32399-1600
 Attn: Scott Sanders

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0005 1079 2305