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<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 Packet CPA 2015-03</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</p> <p><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 (<i>Transfer from service label</i>)</p>	<p>7006 0810 0002 8336 0992</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Restricted Delivery Fee (Endorsement Required)	
<p>Ray Eubanks, Plan Review and Processing State Land Planning Agency Admin. Department of Economic Opportunity Caldwell Building 107 East Madison Street, MSC 160 Tallahassee, FL 32399-4120</p>	
<p>PS Form 3806, June 2002</p>	

2660 9336 0992
 7006 0810 0002 8336 0992

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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 Packet</i> <i>CFA 2015-03</i>	B. Received by (Printed Name) <i>W. Evans</i> C. Date of Delivery <i>11/9/10</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)	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-02-M-1540

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
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 Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Plan Review</p> <p><i>DEO XNTL Packet CPA 2015-03</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 (<i>Transfer from service label</i>)</p>	<p>7006 0810 0002 8336 0961</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<table border="1"> <tr> <td>Postage</td> <td>\$</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 style="text-align: center;">Postmark Here</p> <p>Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Plan Review</p>
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									

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<p>1. Article Addressed to:</p> <p>Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle</p> <p><i>DEO XMTL Packet CPA 2015-03</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 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>7006 0810 0002 8336 0985</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-</p>

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Total Postage & Fees	\$
Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle	
PS Form 3800, June 2002	

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 type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Florida Fish and Wildlife Conservation Commission Conservation Planning Services 620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600 Attn: Scott Sanders <i>DEO XMTL Packet CFA 2015-03</i> </div>	B. Received by (Printed Name) _____ C. Date of Delivery <i>Feb 16</i>
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
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.
7006 0810 0002 8336 0978	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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

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

PS See reverse for instructions

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- 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.

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

Preservation
 Planner

*DEPT. OF STATE Packet
 CPA 2015-03*

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

DEPT. OF STATE
JUL 06 2016

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

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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

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.

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

*DEO XMTL Packet
 CPA 2015-03*

2. Article Number
 (Transfer from service label)

7006 0810 0002 8336 0954

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tracy D. Suber* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/5/16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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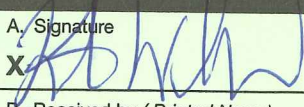
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Sent to: Department of Education
 Office of Educational Facilities
 325 West Gaines Street, Suite 1014
 Tallahassee, FL 32399-0400
 Attn: Tracy D. Suber

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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"/> <i>Tim Vail</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tim Vail</i></p> <p>C. Date of Delivery <i>7/11/16</i></p>	
<p>1. Article Addressed to:</p> <p>South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section</p> <p><i>DEO XMTL Packet CA2015-03</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>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>7006 0810 0002 8336 1418</p>	
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<p>South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section</p> <p><small>PS Form 3811, February 2004 See reverse for instructions</small></p>		

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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	B. Received by (Printed Name) K Whitmire	C. Date of Delivery 8/30/16
1. Article Addressed to: Department of Transportation, District One Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913 Attn: Sarah Catala, Growth Management Coordinator	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input 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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7006 0810 0002 8336 1012	
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CPA 2015-03

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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	
PS Form 3800, June 2002	Instructions