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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X	
Attach this card to the back of the mailpiece, or on the front if space permits.	hu fine distriction of Delivery	
1. Article Addressed to: DEO ADV	D. Is delivery addless different from item 1?  Yes  Yes after delivery address below:  No	
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	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
CPA 2016-04	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Article Number     (Transfer from service label)	006 0810 0002 8336 1135	
PS Form 3811, February 2004 Domestic Ret		

Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) 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  Postmark Here  Postmark Here  Admin.  Postmark Here  Postmark Here	1135	(Domestic Mail O	O MAIL™ REG	Coverage Provided)
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 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	П	For delivery information visit our website at www.usps.com		
Restricted Delivery Fee (Endorsement Required)  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	=0		\$	USE
State Land Planning Agency Admin. Department of Economic Opportunity Caldwell Building 107 East Madison Street, MSC 160 Tallahassee, FL 32399-4120		(Endorsement Required)		
Department of Economic Opportunity Caldwell Building 107 East Madison Street, MSC 160 Tallahassee, FL 32399-4120				
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery
1. Article Addressed to: DEO ADN	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
South Florida Water Management Distric	et
3301 Gun Club Road, MSC 2640	
West Palm Beach, FL 33406	
Attn: Terry Manning, AICP	. Service Type
Intergovernmental Coordination Section	Certified Mail  Express Mail
CPA2016-01	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
CPA2016-04	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	06 0870 0005 933F 7020
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

7.050	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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000	Certified Fee		
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979	Restricted Delivery Fee (Endorsement Required)		
	South Florida	Water Manage	ement District
7006	<sup>7</sup> 3301 Gun Clւ	ib Road, MSC	2640
~	West Palm Be	each, FL 33406	
	Attn: Terry Manning, AICP		
	Intergovernmental Coordination Section		
	PS Form 3800, June 2002		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: DEO ADN	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Department of Transportation, District (	
Southwest Area Urban Office	
10041 Daniels Parkway	
Fort Myers, FL 33913	
Attn: Sarah Catala, Growth Managemen	3. Service Type  ☐
Coordinator	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
CPA 2016-01; CPA 2016-04	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 [	06 0810 0802 8336 1067
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

1067	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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0870	Restricted Delivery Fee (Endorsement Required)		
	Department of	f Transportation	n, District One
П	Southwest Are	ea Urban Office	e e e e e e e e e e e e e e e e e e e
7006	10041 Daniels Parkway		
Fort Myers, FL 33913 Attn: Sarah Catala, Growth Management			
			/Janagement
	PS Form 3800, June 2002	Coordina	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
The Capitol, Plaza Level 8	A. Signature  X
Tallahassee, FL 32399-0800 Attn: Comprehensive Plan Review  CPA 2-016-0 J  CPA 2-016-0 G	3. Service Type  Certified Mail
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes  7006 0810 0002 8336 1128
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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0870	Restricted Delivery Fee (Endorsement Required)		
	Total Postage & Fees	\$	
	Department of	Agriculture and	1 Consumer Services
	Office of Policy	y and Budget	7
	The Capitol, Plaza Level 8		
	Tallahassee, FL 32399-0800		
	Attn: Comprehensive Plan Review		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to: DEO ADDITIONAL Fish and Wildlife Conservation Commission</li> </ul>	A. Signature  Adgent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
Conservation Planning Services 620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600 Attn: Scott Sanders	3. Service Type  Certified Mail
CPA-2016-01; CPA2016-04	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	0810 0005 833F 708T
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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0610	Restricted Delivery Fee (Endersement Required)		
80	Florida Fish	and Wildlife	
	Conservation	n Commission	8
7006	Se Conservation	n Planning Serv	vices
7 Tallahassee, FL 32399-1600 Attn: Scott Sanders			MB 5B5
			0
	PS Form 3800, June 200	Z	for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to: DEO ADM</li> </ul>	A. Signature  X
Department of Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber	3. Service Type  ☐ Certified Mail ☐ Express Mail
CPA2016-01 CPA2016-04	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	
PS Form 3811, February 2004 Domestic Ret	rurn Receipt 102595-02-M-1540

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	Total Parties & East	ent of Education	on
7006	Sent To Office of Educational Facilities		
7	Street, A 325 Wes	t Gaines Street	, Suite 1014
	or PO Bit City, Sta Tallahassee, FL 32399-0400 Attn: Tracy D. Suber		
	PS Form 3800, June 200	JZ	See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: DEO ADV	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail S	
Tallahassee, FL 32399-3000 Attn: Plan Review	3. Service type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
CPA 2016-04	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 []	OP 0870 0005 833P 7777
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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0810	Restricted Delivery Fee (Endorsement Required)		÷			
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旦	Department of Environmental Protection					
7006	Office of Intergovernmental Programs					
1	3900 Commonwealth Boulevard, Mail Station 47					
	Tallahassee, FL 32399-3000					
	Attn: Plan Rev					
			out the confession was a second			

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:  Southwest Florida Regional Planning Co. 1400 Colonial Boulevard, Suite 1	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  10-12-16  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
Fort Myers, FL 33907 Attn: Margaret Wuerstle	
CPA2016-01 CPA2016-04	ifce Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	16 0810 0002 8336 1074
PS Form 3811, February 2004 Domestic Return	n Receipt 102595-02-M-1540

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	Total Postage & Fees	\$					
2006	Southwest Florida Regional Planning Council 1400 Colonial Boulevard, Suite 1 Fort Myers, FL 33907 Attn: Margaret Wuerstle						
	PS Form 3800, June 2002 See Heverse for instruction						

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  XDEPT. OF STATE  Agent  Addressee
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 ( Primed Name)  C. Date of Delivery
1. Article Addressed to: DEO ADV	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
Department of State	
Bureau of Historic Preservation 500 South Bronough Street	
Tallahassee, FL 32399-0250	3. Service Type
Attn: Deena Woodward, Historic	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
Preservation Planner	☐ Insured Mail ☐ C.O.D.
CPA2016-01; CPA2016-04	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	06 0810 0002 8336 1098
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	Dureau of Historic Preservation				
	500 South B	ronough Stre	et	1	
7006	Tallahassee, FL 32399-0250				
. –	Attn. Deena Woodward, Historic Preservation				
	City, State, ZIP+4	woodward,		Preservation.	
			Planner	Distriction of the Control of the Co	
	PS Form 3800, June 200	2	See Rev	verse for Instructions	