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<p>1. Article Addressed to: DEO ADU 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 CPA 2016-01 CPA 2016-04</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below: <input type="checkbox"/> No</small></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 <small>(Transfer from service label)</small></p>	<p>7006 0810 0002 8336 1135</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Restricted Delivery Fee <small>(Endorsement Required)</small>	

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

See instructions for Instructions

7006 0810 0002 8336 1135

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1. Article Addressed to: <u>DEO ADN</u>	B. Received by (Printed Name) <u>Tim Velle</u> C. Date of Delivery <u>10/3/16</u>	
South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section <u>CPA 2016-01</u> <u>CPA 2016-04</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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	
	7006 0810 0002 8336 1050	
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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, June 2002	See Reverse for Instructions

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<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>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>CDA 2016-01; CDA 2016-04</i></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>7006 0810 0002 8336 1067</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

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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

PS Form 3800, June 2002 Reverse for Instructions

7006 0810 0002 8336 1067

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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>Wendy Evans</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <i>DEO ADN</i>	B. Received by (<i>Printed Name</i>) <i>Wendy Evans</i>	C. Date of Delivery <i>10/17/10</i>
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>CPA 2016-01</i> <i>CPA 2016-04</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. 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7006 0810 0002 8336 1128 Domestic Return Receipt	

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<table border="1"> <tr> <td>Postage</td> <td>\$</td> <td></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			Total Postage & Fees	\$		Postmark Here
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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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1. Article Addressed to: <u>DEO ADN</u> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Florida Fish and Wildlife Conservation Commission Conservation Planning Services 620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600 Attn: Scott Sanders </div> CPA 2016-01; CPA 2016-04	B. Received by (Printed Name) _____ C. Date of Delivery <u>10/17</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
	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
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Restricted Delivery Fee (Endorsement Required)	

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

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<p>1. Article Addressed to: <i>DEO ADN</i></p> <div style="border: 1px solid black; padding: 5px;"> <p>Department of Education Office of Educational Facilities 325 West Gaines Street, Suite 1014 Tallahassee, FL 32399-0400 Attn: Tracy D. Suber</p> <p><i>CPA 2016-01</i> <i>CPA 2016-04</i></p> </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 style="text-align: center; font-size: 1.2em;">7006 0810 0002 8336 1104</p>
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

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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<p>1. Article Addressed to: <u>DEO ADV</u></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 style="color: blue; font-style: italic;">CPA 2016-01 ; CPA 2016-04</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</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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; font-size: 1.2em; font-weight: bold;">7006 0810 0002 8336 1111</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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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

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<p>1. Article Addressed to: <u>DEO ADN</u></p> <p>Southwest Florida Regional Planning Council 1400 Colonial Boulevard, Suite 1 Fort Myers, FL 33907 Attn: Margaret Wuerstle</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><u>CPA 2016-01</u> <u>CPA 2016-04</u></p>	<p>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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7006 0810 0002 8336 1074</p>
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
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<p>Southwest Florida Regional Planning Council 1400 Colonial Boulevard, Suite 1 Fort Myers, FL 33907 Attn: Margaret Wuerstle</p>	
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<p>1. Article Addressed to: DEADON</p> <div style="border: 1px solid black; padding: 5px;"> <p>Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Deena Woodward, Historic Preservation Planner</p> </div> <p><i>CPA 2016-01; CPA 2016-04</i></p>	<p>B. Received by (Printed Name) Oct 17 2016 C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</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>PS Form 3811, February 2004</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 style="text-align: center;">7006 0810 0002 8336 1098</p> <p style="text-align: right;">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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