

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to: <i>CPT 2015-03</i></p> <p>Ray Eubanks, Plan Review and Processing State Land Planning Agency <b>Admin.</b> Department of Economic Opportunity Caldwell Building 107 East Madison Street, MSC 160 Tallahassee, FL 32399-4120</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><i>DEO ADN</i></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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	

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

PS Form 3800, August 2006 See Reverse for Instructions

7007 0710 0005 1079 2398

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>10-18</u></p>
<p>1. Article Addressed to: <u>CFA 2015-03</u></p> <div style="border: 1px solid black; padding: 5px;"> <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><u>DEO ADN</u></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) <u>7000 1670 0011 9181 2846</u></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 (Ei)	

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

See reverse for Instructions

7000 1670 0011 9181 2846

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<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Terry Manning</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Terry Manning</i> C. Date of Delivery</p>
<p>1. Article Addressed to: <i>CPA2015-03</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>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 ADU</i></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><b>7006 0810 0002 8336 1142</b></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 0810 0002 8336 1142

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
<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>	

SEE REVERSE FOR INSTRUCTIONS

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<p>1. Article Addressed to: <u>DEO ADU</u></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">       Department of Education        Office of Educational Facilities        325 West Gaines Street, Suite 1014        Tallahassee, FL 32399-0400        Attn: Tracy D. Suber     </div> <p style="text-align: center; color: blue; font-size: 1.2em;"><u>CPA 2015-03</u></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  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <u>7000 1670 0011 9181 2822</u>        (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-154r</span></p>	

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

**To** Department of Education

*Sen* Office of Educational Facilities

*Stre* 325 West Gaines Street, Suite 1014

*City* Tallahassee, FL 32399-0400

Attn: Tracy D. Suber

PS Form 3800, May 2000 See back for Instructions

7000 1670 0011 9181 2822

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Wendy Evans</i></p> <p>B. Received by (Printed Name)  <i>Wendy Evans</i></p> <p>C. Date of Delivery  <i>10/17/10</i></p>
<p>1. Article Addressed to: <i>CPA 2015-03</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>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 ADN</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 <i>7000 1670 0011 9181 2884</i>          (Transfer from service label)</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>

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Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">7000 1670 0011 9181 2884</div> <p>Department of Agriculture and Consumer            Office of Policy and Budget Services            The Capitol, Plaza Level 8            Tallahassee, FL 32399-0800            Attn: Comprehensive Plan Review</p>									
<p>PS Form 3800, May 2000 <span style="float: right;">See Reverse for Instructions</span></p>									

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1. Article Addressed to: <b>CPT2015-03</b>	B. Received by ( <i>Printed Name</i> ) <b>ROSCOE HOLTON</b> <span style="float: right;">C. Date of Delivery</span>	
Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Plan Review  <b>DEO ADN</b>	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.	
2. Article Number <i>(Transfer from service label)</i>	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes  <b>7000 1670 0011 9181 2860</b>	
PS Form 3811, February 2004 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span>		

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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, May 2000 See Reverse for Instructions

0982 1916 1100 0291 0007

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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.

1. Article Addressed to: DEO ADU

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

Preservation Planner

CPA 2015-03

2. Article Number

(Transfer from service label)

7000 1670 0011 9181 2839

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X DEPT. OF STATE**

- Agent
- Addressee

B. Received by (Printed Name)

OCT 17 2016

C. Date of Delivery

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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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee

Postmark  
Here

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 THIS SECTION ON DELIVERY	
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1. Article Addressed to: <i>CPA2015-03</i> Department of Transportation, District One Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913 Attn: Sarah Catala, Growth Management Coordinator	B. Received by (Printed Name) <i>Tony Clau</i>	C. Date of Delivery <i>12 OCT 2016</i>
2. Article Number <i>7000 1670 0011 9181 2815</i> <small>(Transfer from service label)</small>	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.	
DEO ADN	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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7000 1670 0011 9181 2815	<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee <small>(Endorsement Required)</small></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee <small>(Endorsement Required)</small></td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee <small>(Endorsement Required)</small>		Restricted Delivery Fee <small>(Endorsement Required)</small>		Postmark Here
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Restricted Delivery Fee <small>(Endorsement Required)</small>										
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, May 2000 <span style="float: right;">See Reverse for Instructions</span>										



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<p>1. Article Addressed to: <u>CPA 2015-03</u></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>Southwest Florida Regional Planning Council  1400 Colonial Boulevard, Suite 1  Fort Myers, FL 33907  Attn: Margaret Wuerstle</p>	
<p><u>DEO ADN</u></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 <u>7000 1670 0011 9181 2853</u>  (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Southwest Florida Regional Planning Council 1400 Colonial Boulevard, Suite 1 Fort Myers, FL 33907 Attn: Margaret Wuerstle	
PS Form 3800, May 2000	See Reverse for Instructions

7000 1670 0011 9181 2853