

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: <i>DEO XMTL</i>	B. Received by (Printed Name) C. Date of Delivery
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 <i>CPA 2016-01 & 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? (Extra Fee) <input type="checkbox"/> Yes
	7006 0810 0002 8336 2507
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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Postage	\$
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	Postmark Here
<small>PS Form 3800, June 2002</small>	<small>See Reverse for Instructions</small>

7006 0810 0002 8336 2507

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1. Article Addressed to: <u>DEO XMTL</u> 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) <u>K Whitmore</u>	C. Date of Delivery <u>8-11-16</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
CPA 2016-01 ; CPA 2016-04	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 7006 0810 0002 8336 1029	
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 ®									
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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</td><td></td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee		Postmark Here
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Certified Fee									
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Restricted Delivery Fee									
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 See Reverse for Instructions									

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<p>1. Article Addressed to: <i>DEO XMTL</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 2016-01 / CFA 2016-04</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>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><i>7006 0810 0002 8336 2491</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7006 0810 0002 8336 2491

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
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	Postmark Here
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1. Article Addressed to: DEO XATL Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail Station 47 Tallahassee, FL 32399-3000 Attn: Plan Review CPA 2016-01 CPA 2016-04	B. Received by (<i>Printed Name</i>) ROSCOE HOLTON C. Date of Delivery 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
	7006 0810 0002 8336 1036
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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

Department of Environmental Protection
 Office of Intergovernmental Programs
 3900 Commonwealth Boulevard, Mail Station 47
 Tallahassee, FL 32399-3000
 Attn: Plan Review

See Reverse for Instructions

7006 0810 0002 8336 1036

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<p>1. Article Addressed to: DEO XNTL</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><i>CFA 2016-01 ; CFA 2016-04</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? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		
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)

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

7000 0520 0012 3044 7847

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

PS Form 3800, February 2000
See Reverse for Instructions

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<p>1. Article Addressed to: DEO XMTL</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Deena Woodward, Historic Preservation Planner </div> <p><i>CFA 2016-01 ; 2016-04</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 style="text-align: center; font-weight: bold;">AUG 16 2016</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>
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CERTIFIED MAIL RECEIPT
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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 State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Deena Woodward, Historic Preservation Planner		<i>(Deleted by mailer)</i>
PS Form 3800, February 2000 See Reverse for Instructions		

7000 0520 0012 3044 7861

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: **DEO XMTL**

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

CFA 2016-01
CFA 2016-04

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 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: 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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(Domestic Mail Only; No Insurance Coverage Provided)

0982 7830
 3044
 2100
 0250
 0007

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

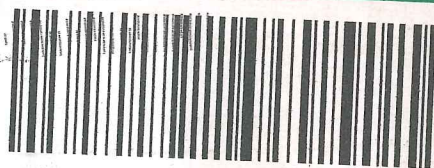
Department of Agriculture and Consumer
 Office of Policy and Budget Services
 The Capitol, Plaza Level 8
 Tallahassee, FL 32399-0800
 Attn: Comprehensive Plan Review

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<p>1. Article Addressed to: <i>DEO XMTL</i></p>	<p>B. Received by (Printed Name): <i>Tom Manning</i> C. Date of Delivery: <i>08/15/16</i></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>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>CPA 2016-01; CPA 2016-04</i></p>	<p>E. 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>
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7000 0520 0012 3044 7854	<div style="border: 1px solid black; height: 35px;"></div>										
<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> <tr> <td>Total Postage & Fees</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees		<div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center;"> Postmark Here </div>
Postage	\$										
Certified Fee											
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Total Postage & Fees											
<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>PS Form 3800, February 2000 See Reverse for Instructions</p>										

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LEE COUNTY PLANNING SECTION
1500 MONROE STREET
FORT MYERS, FL 33901



7006 0810 0002 8336 2484

Hasler

08/10/2016

US POSTAGE \$008.45⁰



ZIP 33901
011D12604052

PLEASE NOTE: STAFF CONTACTED THE
SWFRPC AND PROVIDED THEM WITH THE
PACKET BY E-MAIL AND OBTAINED THEIR
COMMENTS. WE UPDATED OUR RECORDS
WITH THEIR NEW ADDRESS.

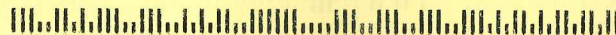
Track

*1st
NL
8-14*

Southwest Florida Regional Planning Council
1926 Victoria Avenue
Fort Myers, FL 33901
Attn: Margaret Wuerstle

NIXIE 339015054-1N 09/10/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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1. Article Addressed to: *DEO XMTL*

Southwest Florida Regional Planning Council
1926 Victoria Avenue
Fort Myers, FL 33901
Attn: Margaret Wuerside

CPA 2016-01
CPA 2016-04

2. Article Number
(Transfer from service label)

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A. Signature
X Agent
 Addressee

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

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If YES, enter delivery address below: No

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 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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

Southwest Florida Regional Planning Council
1926 Victoria Avenue
Fort Myers, FL 33901
Attn: Margaret Wuerstle