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:  South Florida Water Management District 3301 Gun Club Road, MSC 2640  West Palm Beach, FL 33406  Attn: Terry Manning, AICP Intergovernmental Coordination Section  Sepice Type  Conflicted Mail   Return Receipt for Merchand Insured Mail   Registered   Return Receipt for Merchand Insured Mail   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 Agriculture and Consumer Office of Policy and Budget Services  The Capitol, Plaza Level 8 Fallahassee, FL 32399-0800  Attn: Comprehensive Plan Review  2. Article Number (Transfer from service label)  7007 0710 0005 1079 1407  3. Service Type  Complete items 4: Print Section ON DELIVERY  COMPLETE THIS SECTION ON DELIVERY  A signature  COMPLETE THIS SECTION ON DELIVERY  A signature  X June 10 10 10 10 10 10 10 10 10 10 10 10 10		
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.  Article Addressed to:  South Florida Water Management District 3301 Gun Club Road, MSC 2640  West Palm Beach, FL 33406  Attn: Terry Manning, AICP Intergovernmental Coordination Section  Sepide Type  Gertified Mail   Express Mail   Registered   Return Receipt for Merchand   Insured Mail   Registered   Return Receipt for Merchand   Restricted Delivery? (Extra Fee)   Yes  SENDER: COMPLETE THIS SECTION  COMPLETE THIS SECTION  COMPLETE THIS SECTION   COMPLETE THIS SECTION   COMPLETE THIS SECTION ON DELIVERY  SENDER: Complete items 1, 2, and 3. Also complete items 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  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.  A tach this card to the back of the mailpiece, or on the front if space permits.  In Article Addressed to:  Department of Agriculture and Consumer Office of Policy and Budget Services  The Capitol, Plaza Level 8  Fallahassee, FL 32399-0800  Attn: Comprehensive Plan Review  A sepide Type  Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery address below:   No    D is delivery address different from item 11   Nos   If Yes, enter delivery address below:   No    D is delivery address different from item 12   Nos   If Yes, enter delivery address below:   No    D is delivery address different from item 12   Nos   If Yes, enter delivery address below:   No    A sepide Type  Complete items 1, 2, and 3. Also complete items 4 if Return Receipt for Merchand   Return Receipt for Merchand   Return Receipt for Merchand   Registered   Return Receipt for Merchand   Return	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
South Florida Water Management District 3301 Gun Club Road, MSC 2640 West Palm Beach, FL 33406 Attn: Terry Manning, AICP Intergovernmental Coordination Section    Certified Mail	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,	X 449 Agent Addressee
South Florida Water Management District 3301 Gun Club Road, MSC 2640  West Palm Beach, FL 33406  Attn: Terry Manning, AICP Intergovernmental Coordination Section    Confident   Confident	Article Addressed to:	
Senice Type	South Florida Water Management Distri	If YES, enter delivery address below: LI No
Attn: Terry Manning, AICP Intergovernmental Coordination Section    Cortified Mail   Registered   Return Receipt for Merchand   Respective Type   Yes   Respective Type   Return Receipt   Return Receipt for Merchand   Respective Type   Return Receipt for Merchand   Respective Type   Return Receipt for Merchand   Respective Type   Respective Type   Return Receipt for Merchand   Respective Type   Respective Type   Return Receipt for Merchand   Respective Type   Return Receipt for Merchand   Respective Type   Type   Type   Type   Ty		
Intergovernmental Coordination Section    Gertifies Apple   Gertif	West Palm Beach, FL 33406	8.
Intergovernmental Coordination Section    Gertifies Apple   Gertif	Attn: Terry Manning, AICP	
Registered   Return Receipt for Merchand   Return Receipt   Return Recei		
2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Return Receipt  Domestic Return Re		Registered Return Receipt for Merchandise
PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-   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.     Article Addressed to:   D. Is delivery address different from item 12   Yes If YES, enter delivery address below:   No     No   Department of Agriculture and Consumer Office of Policy and Budget   Services     The Capitol, Plaza Level 8   Tallahassee, FL 32399-0800     Attn: Comprehensive Plan Review   A. Signature   A. Signatur	CPA 201201 ADN	
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.  Article Addressed to: Department of Agriculture and Consumer Office of Policy and Budget Services The Capitol, Plaza Level 8 Fallahassee, FL 32399-0890 Attn: Comprehensive Plan Review  CAA DOLOO ADD  Domestic Return Receipt  COMPLETE THIS SECTION ON DELIVERY  A. \$igniature X Department of Magnetic Return Receipt A \$igniature X Department of Magnetic Return Receipt A \$igniature X Department of Magnetic Return Receipt A \$igniature X Department of Magnetic Return Receipt from item 12		0710 0005 1079 1476
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1. Article Addressed to:  Department of Agriculture and Consumer Office of Policy and Budget The Capitol, Plaza Level 8 Fallahassce, FL 32399-0800 Attn: Comprehensive Plan Review  3. Service Type CAA 201201 ADV  3. Service Type Certified Mail	<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,</li> </ul>	A. Signature  X  Agent  L Addressee  B. Received by Printed Name  C. Date of Delivery
Office of Policy and Budget The Capitol, Plaza Level 8 Fallahassee, FL 32399-0800 Attn: Comprehensive Plan Review  3. Service Type Certified Mail	1. Article Addressed to:	
Registered   Return Receipt for Merchand   Insured Mail   C.O.D.	Office of Policy and Budget The Capitol, Plaza Level 8 Tallahassee, FL 32399-0800	3. Service Type
2. Article Number (Transfer from service label) 7007 0710 0005 1079 1407		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
(Transfer from service label)		4. Hestricted Delivery'? (Extra Fee) ☐ Yes
DO E 2011 E1 2001		7710 0005 1079 1407
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-	PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SE	CTION ON DEL	IVERY
<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 1/21 X B. Received by (Prin	ted Name)	☐ Agent ☐ Addresse  C. Date of Delivery
1 Article Addressed to:	D. Is delivery address	I have belev	
Ray Eubanks, Plan Review and Processi State Land Planning Agency Department of Economic Opportunity	ng Admine Co	ery address belo	w. 110
Caldwell Building 107 East Madison Street, MSC 160 Tallahassee, FL 32399-4120	3. Service Type  Certified Mail Registered Insured Mail	☐ Express Ma☐ Return Rec☐ C.O.D.	ail eipt for Merchandis
CPA201201 ADN	4. Restricted Deliver	y? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label)	יםםם סבקם ק	5 1079 1	.391
PS Form 3811, February 2004 Domestic Ret	urn Receipt		102595-02-M-15
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,	COMPLETE THIS SE  A. Signature	ECTION ON DEL	IVERY  Agent Addresse
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.  Article Addressed to: Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Bouleyard, Mail S	A. Signature  X  B. Peccived by Co.  D. Is delivery address iter deliv	E'HOLT	Agent Addresse Addresse
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.  Article Addressed to: Department of Environmental Protection Office of Intergovernmental Programs	A. Signature  X  B. Peccived by Co.  D. Is delivery address iter deliv	Express Ma	Agent Addresse Addresse The of Deliver The Office of Deliver The Office of Deliver The Office of Deliver The Office of Deliver
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.  Article Addressed to: Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Bouleyard, Mail S Tallahassee, FL 32399-3000 Attn: Plan Review	A. Signature  X  B. Peccived by Co.  D. Is delivery address iter delivery.  (attion 47)  Certified Mail  Registered  Insured Mail  4. Restricted Delivery.	Express Ma Return Reco	Agent Addresse Addresse The of Deliver
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.  Article Addressed to: Department of Environmental Protection Office of Intergovernmental Programs 3900 Commonwealth Boulevard, Mail S Tallahassee, FL 32399-3000 Attn: Plan Review	A. Signature  X  B. Peccived by Co  D. Is delivery address iter delivery  tation 47  Certified Mail Registered Insured Mail 4. Restricted Delivery	Express Ma	Agent Addresse Addresse The of Deliver The No Addresse The No Addresse The No Addresse The No Addresse

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<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
Article Addressed to:	D. Is delivery address different from item 1? □ Ýes If YES, enter delivery address below: □ No
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 ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
CAN 001001/1010	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 [ (Transfer from service label)	107 0710 0005 1079 1421
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

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:</li> </ul>	A. Signature    Agent   Addressee
Florida Fish and Wildlife Conservation Commission Conservation Planning Services	
620 South Meridian Street, MB 5B5 Tallahassee, FL 32399-1600 Attn: Scott Sanders	3. Service Type  Certified Mail
CfA201201ADN	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0210 0005,1079 1445

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  X
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 ( Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
Department of State	DEPT. OF STATE
Bureau of Historic Preservation	
500 South Bronough Street	JUN 1 6 2015
Tallahassee, FL 32399-0250	3. Service Type
Attn: Deena Woodward, Historic	Certified Mail  Express Mail
Preservation Planner	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
CPA 201201 ADN	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7007	0710 0005 1079 1438
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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
Article Addressed to:	D. Is delivery address different from item 1?
Southwest Florida Regional Planning C 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle	ouncil
CAA201201 ADN	Gertified Mail
2. Article Number 7007 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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:	If VES order delivery address below: No
Department of Transportation, District C Southwest Area Urban Office 10041 Daniels Parkway Fort Myers, FL 33913	
Attn: Sarah Catala, Growth Managemer Coordinator	Certified Mail
CPA 201201ADN	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 0 7	210 0005 1079 1469
PS Form 3811 February 2004 Domestic Ret	urn Receipt 102595-02-M-1540