

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. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Jeff Rand</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Jeff Rand</i> <i>6/1/05</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>1. Article Addressed to:</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 style="font-size: 1.2em; margin-top: 10px;"><i>CFA 201201 ADN</i></p>	<p>Service Type</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 7007 0710 0005 1079 1476 </div>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div>	

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<p>1. Article Addressed to:</p> <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 style="font-size: 1.2em; margin-top: 10px;"><i>CFA 201201 ADN</i></p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 7007 0710 0005 1079 1407 </div>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div>	

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<p>1. Article Addressed to:</p> <p>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</p> <p>CPA201201ADN</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>7007 0710 0005 1079 1391</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<p>1. Article Addressed to:</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>CPA201201ADN</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>7007 0710 0005 1079 1414</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:

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

CPA201201ADN

2. Article Number

(Transfer from service label)

7007 0710 0005 1079 1421

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/15/15

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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1. Article Addressed to:

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

CPA201201ADN

2. Article Number

(Transfer from service label)

7007 0710 0005 1079 1445

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Eric Scarborough

6-16-15

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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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> Department of State Bureau of Historic Preservation 500 South Bronough Street Tallahassee, FL 32399-0250 Attn: Deena Woodward, Historic Preservation Planner </div> <p style="font-size: 1.2em; font-family: cursive; margin-top: 10px;">CPA 201201ADN</p>	<p>B. Received by (<i>Printed Name</i>) _____ C. Date of Delivery _____</p> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; margin-top: 10px;"> DEPT. OF STATE JUN 16 2015 </div>
<p>2. Article Number _____ (Transfer from service label)</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div>
<p>4. Restricted Delivery? (<i>Extra Fee</i>) _____ <input type="checkbox"/> Yes</p>	
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;"> 7007 0710 0005 1079 1438 </div>	

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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Southwest Florida Regional Planning Council 1926 Victoria Avenue Fort Myers, FL 33901 Attn: Margaret Wuerstle </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 5. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> </div> <div style="padding-top: 5px;"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div>
2. Article Number (Transfer from service label) <div style="font-family: cursive; font-size: 2em; margin-top: 20px;">CPA 201201ADN</div>	<div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> 7007 0710 0005 1079 1452 </div>

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Department of Transportation, District One
Southwest Area Urban Office
10041 Daniels Parkway
Fort Myers, FL 33913
Attn: Sarah Catala, Growth Management
Coordinator

CPTA 201201ADN

2. Article Number -
(Transfer from service label)

7007 0710 0005 1079 1469

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Anne Sorong*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

ANNE SORONG

C. Date of Delivery

6-11-15

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

102595-02-M-1540