SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

TARPON IV LLC
18305 BISCAYNE BLVD STE 400
AVENTURA, FL 33160-2172

9590 9402 5314 9154 1372 76

2. Article Number *(Transfer from service label)*
7112 0170 6470 0229 6720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X HR
☑ Agent
☐ Addressee

B. Received by *(Printed Name)*
H ROSENBERG

C. Date of Delivery
5/1/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

23182-2018 #7 06102026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

TARPON IV LLC
C/O TWJ PAN FLORIDA LLC C/O JONATHAN POLITANO RA
18305 BISCAYNE BLVD SUITE 400
AVENTURA , FL 33160

9590 9402 5314 9154 1372 14

2. Article Number *(Transfer from service label)*

7112 0170 6470 0229 6942

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x H R

☐ Agent
☐ Addressee

B. Received by *(Printed Name)* H Rosenberg

C. Date of Delivery 5/1/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

23182-2018 #15 06102026

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- **Complete items 1, 2, and 3.**
- 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:

CITY OF WEST PALM BEACH
CODE COMPLIANCE
401 CLEMATIS STREET
WEST PALM BEACH, FL 33401

9590 9402 5314 9154 1372 45

2. Article Number *(Transfer from service label)*
7112 0170 6470 0229 6898

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ 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

23182-2018 #12 06102026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt