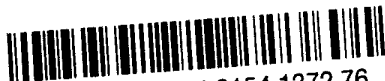


SENDER: COMPLETE THIS SECTION

- 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

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 RoseaBeag

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

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

☐ Agent**X**☐ 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 | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt