

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:

CANOPUS INVESTMENT GROUP LLC
CHANTALE MILORD LLC RA
6671 W. INDIANTOWN RD, 379
JUPITER, FL 33458



9590 9402 9541 5121 5356 18

2. Article Number (Transfer from service label)
7112 0170 6470 0231 0693

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tawn Rodin* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

UPS Store

C. Date of Delivery

6/07/2026

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

12887-2023 #2 09162026

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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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1. Article Addressed to:

CANOPUS INVESTMENT GROUP LLC
6671 W INDIANTOWN RD
JUPITER, FL 33458 3991



9590 9402 9541 5121 5356 01

2. Article Number (Transfer from service label)
7112 0170 6470 0231 0709

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alan Mackey* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

UPS Store

C. Date of Delivery

6/07/2026

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

12887-2023 #8 09162026

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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

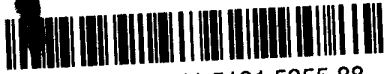
PS Form 3811, July 2020 PSN 7530-02-000-9053

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1. Article Addressed to:

CITY OF LAKE WORTH BEACH
CODE COMPLIANCE DIVISION
900 2ND AVENUE, NORTH
LAKE WORTH BEACH, FL 33461



9590 9402 9541 5121 5355 88

2. Article Number (Transfer from service label)
7112 0170 6470 0231 0723

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Arny*

☐ 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

12887-2023 #10 09162026

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

☐ Signature Confirmation™

☐ Signature Confirmation
Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

CITY OF PAHOKEE CODE ENFORCEMENT
207 BEGONIA DRIVE
PAHOKEE, FL 33476



9590 9402 9541 5121 5355 71

2. Article Number (Transfer from service label)

7112 0170 6470 0231 0730

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/7/24

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

12887-2023 #11 09162026

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☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

CITY OF BELLE GLADE
CODE ENFORCEMENT
110 DR. M.L., JR BLVD W
BELLE GLADE, FL 33430



9590 9402 9541 5121 5355 64

2. Article Number (Transfer from service label)
7112 0170 6470 0231 0747

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Madeline Lane*

- ☐ 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

12887-2023 #12 09162026

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Collect on Delivery Restricted Delivery | |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

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