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:
RICHARD III LLC
18205 BISCAYNE BLVD, SUITE 400
AVENTURA, FL 33160

9590 9402 5314 9154 1016 11

2. Article Number *(Transfer from service label)*
7112017064700045036O

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B A
☒ Agent
☐ Addressee

B. Received by *(Printed Name)* B AGRAMONTE
C. Date of Delivery 9/4/26

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

3128-2006 #0 10142026

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:
BANK OF AMERICA, N.A.
C/O ANDREU, PALMA, LAVIN & SOLIS, PLLC
815 NW 57TH AVENUE, SUITE 401
MIAMI, FL 33126

9590 9402 5314 9154 1016 73

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 6541

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Chris Gelpera

C. Date of Delivery 9-4-2C

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

3128-2006 #18 10142026

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*

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

1. Article Addressed to:
CAVALRY SPV I, LLC
C/O HUNT & KAHN, P.A.
POST OFFICE BOX 934788
MARGATE, FL 33093-4788

9590 9402 5314 9154 1014 75

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 6596

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lorraine Johnson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Lorraine Johnson C. Date of Delivery 9/26

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

SEP - 3 2026
MARGATE STATION FL
33063-USPS

3128-2006 #23 10142026

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

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- 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:

DAVID LLOYD MERRILL, ESQUIRE
HARBOUR FINANCIAL CENTER
THE ASSOCIATES, 2401 PGA BOULEVARD, SUITE 280M
PALM BEACH GARDENS, FL 33410

9590 9402 5314 9154 1014 68

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 6633

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
D Morrill

C. Date of Delivery
9/7

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes
☐ No

3128-2006 #27 10142026

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*

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- 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:
MOHAMMAD S. MIAH
5692 AZALEA CIR.
WEST PALM BEACH, FL 33415-4467

9590 9402 5314 9154 1014 44

2. Article Number *(Transfer from service label)*
7112 0170 6470 0231 6695

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

3128-2006 #30 10142026

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

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

1. Article Addressed to:

COMMERCE BANK, N.A.
2130 CENTREPARK WEST DRIVE
WEST PALM BEACH, FL 33409

9590 9402 5314 9154 1015 98

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

7112017064700045042 1

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

3128-2006 #7 10142026

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