

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 LAKE WORTH
CODE COMPLIANCE DIVISION
1900 2ND AVE. NORTH
LAKE WORTH, FL 33460



9590 9402 4100 8092 3100 95

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4140

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/9

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

803-2024 #13 11182026

3. Service Type

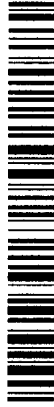
- | | | |
|--|--|---|
| ☐ Adult Signature | ☐ Registered Mail™ | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail Restricted Delivery | ☐ Registered Mail Restricted Merchandise |
| ☐ Certified Mail® | ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise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

Domestic Return Receipt

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Article Addressed to:
CITY OF PAHOKEE
CODE COMPLIANCE
207 BECONIA DR.
PAHOKEE, FL 33476



9590 9402 4100 8092 3101 18

2. Article Number (Transfer from service label)
7112 0170 6470 0232 4126

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
☒ Addressee
- B. Received by (Printed Name) Archie Lopez C. Date of Delivery 10-9-24
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

803-2024 #11 11182026

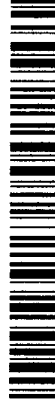
3. Service Type
- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery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

Domestic Return Receipt

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1. CITY OF PAHOKEE
CODE COMPLIANCE
207 BACOM POINT RD.
PAHOKEE, FL 33476



9590 9402 4100 8092 3101 94

7142 0140 8092 3101 94 (service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Received by Archie Lopez

B. Received by Archie Lopez

C. Date of Delivery 10-9-26

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

803-2024 #10 1182026

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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1. Article Addressed to:

TARPON IV LLC
TWJ PAN FLORIDA LLC
JONATHAN POLITANO RA, 18305 BISCAYNE BLVD STE 400
AVENTURA, FL 33160-2172



9590 9402 4100 8092 3102 17

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4096

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-13-26

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

803-2024 #7 11182026

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:
TARPON IV LLC
1101 BRICKELL AVE, SUITE N1700
MIAMI, FL 33131



9590 9402 4100 8092 3100 88

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4300

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

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

803-2024 #14 11182026

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