

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1711 3156 36  
Certified Mail Fee

\$

Extra Services & Fees *(Check box, add fee as appropriate)*

- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_
- ☐ Return Receipt (electronic) \$ **\$2.80**
- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$

**\$0.485**

Total Postage and Fees

\$

**\$6.735**

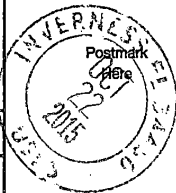
Sent To

OCCUPANT

Street and Apt. No., or PO Box **16306 BISCAYNE BLVD STE 400**

**AVENTURA, FL 33160**

City, State, Zip+4®



Code: 2015-0310TD



**U.S. Postal Service™**  
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9214 7969 0877 7770 1711 3156 50  
Certified Mail Fee

\$

Extra Services & Fees ☐ Check box, add fee as appropriate

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$ **\$2.80**

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

**\$0.485**

Total Postage and Fees

\$

**\$6.735**

Sent To

-----  
**KARL J LATTIG**  
-----  
Street and Apt. No., or PO Box **1847 PALO ALTO AVE**  
**THE VILLAGES, FL 32159**  
-----  
City, State, Zip+4®



Code: 2015-0310TD

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9214 7969 0099 9790 1711 3156 67  
Certified Mail Fee

\$

Extra Services & Fees (Check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$ **\$2.80**
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

**\$0.485**

Total Postage and Fees

\$

**\$6.735**

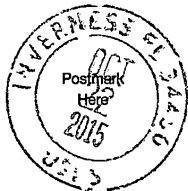
Sent To

**SIGMA TAX 1 GP**

Street and Apt. No., or P.O. Box **18305 BISCAYNE BLVD SUITE 400**

**AVENTURA, FL 33160**

City, State, Zip+4®



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7214 7969 0077 7790 1711 3156 78  
Certified Mail Fee

\$

Extra Services & Fees ☒ Check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$ **\$2.80**

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

**\$0.485**  
Total Postage and Fees

\$

**\$6.735**

Sent To

JONATHAN R POLITANO

Street and Apt. No., or PO Box **18306 BISCAYNE BLVD**

**SUITE 400**

City, State, Zip+4® **AVENTURA, FL 33160**



Code: 2015-0310TD

**U.S. Postal Service™**  
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Certified Mail Fee 9214 7967 0097 7790 1711 3156 81

\$

Extra Services & Fees \$2.45 (Check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_
- ☐ Return Receipt (electronic) \$ \$2.80
- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$

\$0.485

Total Postage and Fees

\$

\$6.735

Sent To

VERONA V LLC  
Street and Apt. No., or PO Box 8305 BISCAYNE BLVD STE 400  
AVENTURA, FL 33160  
City, State, Zip+4®



Code: 2015-0310TD

**U.S. Postal Service™**  
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9214 7969 0077 7790 1711 3156 74  
Certified Mail Fee \$

Extra Services & Fees ~~\$3.45~~ (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_  
☐ Return Receipt (electronic) \$ **\$2.80**  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ **\$0.485**

Total Postage and Fees

\$ **\$6.735**

Sent To

**CITRUS COUNTY**  
Street and Apt. No., or PO Box and Section  
**110 N APOPKA AVE**  
City, State, Zip+4® **INVERNESS, FL 34450**



Code: 2015-0310TD

**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:**

CITRUS COUNTY  
ATTN LAND SECTION  
110 N APOPKA AVE  
INVERNESS, FL 34450



9290 9969 0099 9711 3156 82

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

9214 7969 0099 9790 1711 3156 74

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x David Finney

- ☒
- Agent
- 
- ☐
- Addressee

B. Received by (Printed Name)

DAVID FINNEY

C. Date of Delivery

10/26/15

D. Is delivery address different from item 1? ☐ YesIf YES enter delivery address below: ☐ No**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |



**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:**

VERONA V LLC  
18305 BISCAYNE BLVD STE 400  
AVENTURA, FL 33160



9290 9969 0099 9711 3156 99

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

9214 7969 0099 9790 1711 3156 81

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

- ☒ Agent  
☐ Addressee

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

S. CARP

**C. Date of Delivery**

10/28/15

**D. Is delivery address different from item 1? ☐ Yes**

If YES enter delivery address below:

☐ No

**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)

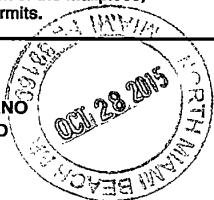
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

**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:**

JONATHAN R POLITANO  
18305 BISCAYNE BLVD  
SUITE 400  
AVENTURA, FL 33160



9290 9969 0099 9711 3157 05

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

9214 7969 0099 9790 1711 3156 98

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

- ☒ Agent  
☐ Addressee

**B. Received by (Printed Name)**
**C. Date of Delivery**

10/28/15

**D. Is delivery address different from item 1?**☐ Yes

If YES enter delivery address below:

☐ No**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:

SIGMA TAX 1 GP  
18305 BISCAYNE BLVD SUITE 400  
AVENTURA, FL 33160



9290 9969 0099 9711 3156 75

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1711 3156 67

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

S. Korp

C. Date of Delivery

10/29/10

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below:

☐ No

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)

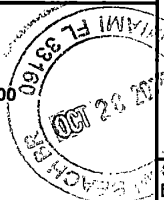
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

**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:****OCCUPANT**

18305 BISCAYNE BLVD STE 400  
AVENTURA, FL 33160



9290 9969 0099 9711 3156 44

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

9214 7969 0099 9790 1711 3156 36

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

- ☒ Agent  
☐ Addressee

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

S. Karys

**C. Date of Delivery**

10/28/15

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

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

**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:**

US BANK AS C/F FL DUNDEE LIEN INV LLC  
LOCKBOX #005191  
PO BOX 645191  
CINCINNATI, OH 452645191



9290 9969 0099 9711 3156 51

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

9214 7969 0099 9790 1711 3156 43

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

- ☐ Agent  
☐ Addressee

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

Leibreich

**C. Date of Delivery****D. Is delivery address different from item 1? ☐ Yes**

If YES enter delivery address below: ☐ No

OCT 27 2015

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

**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:**

KARL J LATTIG  
1817 PALO ALTO AVE  
THE VILLAGES, FL 32159



9290 9969 0099 9711 3156 68

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

9214 7969 0099 9790 1711 3156 50

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

- ☐ Agent  
☐ Addressee

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

KARL LATTIG

**C. Date of Delivery**

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

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |