

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

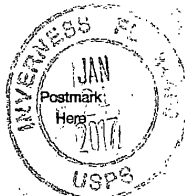
9214 7969 0099 9790 1737 7411 36

Certified Mail Fee

\$ ~~3.30~~ 3.35

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

- Return Receipt (hardcopy) \$ ~~2.70~~ 2.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ \$0.00
- Adult Signature Restricted Delivery \$ _____



Postage

\$ 0.465 0.46

Total Postage and Fees

\$ 6.465 6.56

Sent To

OCCUPANT
11491 N HONEY JORDAN PT
INGLIS, FL 34449

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

2016-0535TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1737 7411 43

Certified Mail Fee

\$ ~~3.30~~ 3.35

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

- Return Receipt (hardcopy) \$ ~~2.70~~ 2.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ \$0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ ~~0.485~~ 46

Total Postage and Fees

\$ ~~6.465~~ 6.56



Sent To

OCCUPANT
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1737 7411 50

Certified Mail Fee

\$ ~~3.50~~ 3.35

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

Return Receipt (hardcopy) \$ ~~2.70~~ 2.75

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ 0.00

Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465 .46

Total Postage and Fees

\$ 6.485 6.56

Postmark
Here

Sent To

OCCUPANT
PO BOX 4
INGLIS, FL 34449

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1737 7411 67

Certified Mail Fee

\$ ~~3.30~~ 3.35

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

- Return Receipt (hardcopy) \$ ~~2.70~~ 72.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ \$0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ ~~0.465~~ .46

Total Postage and Fees

\$ ~~6.465~~ 6.86



Sent To

DANIEL L ALLEN EST
11491 N HONEY JORDAN PT
INGLIS, FL 34449

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

2016-0535TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1.737 7411 74

Certified Mail Fee

\$ ~~3.30~~ 3.35

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

- Return Receipt (hardcopy) \$ ~~2.70~~
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465 .46

Total Postage and Fees

\$ ~~6.465~~ 6.80



Sent To

DANIEL L ALLEN EST

Street, Apt. No.,
or PO Box No.

PO BOX 4

City, State, Zip+4

INGLIS, FL 34449

2016-0535TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1737 7411 81

Certified Mail Fee

\$ ~~3.30~~ 3.35

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

- Return Receipt (hardcopy) \$ ~~2.70~~ 2.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465 .46

Total Postage and Fees

\$ ~~6.465~~ 6.54



Sent To

DANIEL LEE ALLEN EST
C/O SHERRY E DOUGLAS
4505 OLE LOG LN
KERNERSVILLE, NC 27284

Street, Apt. No.,

or PO Box No.

City, State, Zip+4

2016-0535TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1237 7411 98

Certified Mail Fee

\$ ~~3.80~~ 3.35

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

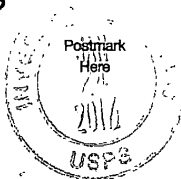
- Return Receipt (hardcopy) \$ ~~2.70~~ 2.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ \$0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465 .46

Total Postage and Fees 6.56

\$ 6.465



Sent To

CYPRESS VILLAGE PROPERTY OWNERS
ASSOCIATION INC
C/O VILLAGES SERVICES CO-OPERATIVE
2541 N RESTON TER
HERNANDO, FL 34442

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1737 7412 04

Certified Mail Fee

\$ ~~3.30~~ 3.35

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

- Return Receipt (hardcopy) \$ ~~2.70~~ 2.70
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.46

Total Postage and Fees

\$ 6.56



Sent To

ROBERT L TANKEL ESQ
ROBERT L TANKEL PA
1022 MAIN ST STE D
DUNEDIN, FL 34698

Street, Apt. No.,

or PO Box No.

City, State, Zip+4

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1237 7412 11

Certified Mail Fee

\$ ~~3.30~~ 3.35

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

- Return Receipt (hardcopy) \$ ~~2.70~~ 2.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465 .46

Total Postage and Fees

\$ ~~6.465~~ 6.56



Sent To

RAJENDRA INC
14221 LAKE CANDLEWOOD CT
MIAMI, FL 33014

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

2016-0535TD

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1737 7412 28

Certified Mail Fee

\$ ~~3.30~~ **3.35**

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

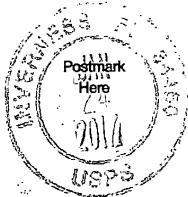
- Return Receipt (hardcopy) \$ ~~2.70~~ **2.75**
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ **0.00**
- Adult Signature Restricted Delivery \$ _____

Postage

\$ ~~0.465~~ **.46**

Total Postage and Fees

\$ ~~6.465~~ **6.56**



Sent To

GUENTER MEWES
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1737 7412 35

Certified Mail Fee

\$ ~~3.30~~ **3.35**

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

- Return Receipt (hardcopy) \$ ~~2.70~~ **2.75**
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ **\$0.00**
- Adult Signature Restricted Delivery \$ _____

Postage

\$ ~~0.465~~ **46**

Total Postage and Fees

\$ ~~6.465~~ **6.56**



Sent To

GUENTER MEWES
PO BOX 4
INGLIS, FL 34449

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

2016-0535TD



ANGELA VICK

CLERK OF CIRCUIT COURT & COMPTROLLER
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

01/24/2017

US POSTAGE

\$00.46⁰



ZIP 34450
011D11644143

Handwritten signature and scribbles

2016-0535TD
DANIEL L ALLEN EST
PO BOX 4
INGLIS, FL 34449

01/24/2017 08:01/20/17

UNABLE TO FORWARD

ANK DC: 34450429999 *0638-10156-24-44
344500004 DC:

www.usps.com



ANGELA VICK

CLERK OF CIRCUIT COURT & COMPTROLLER

110 NORTH APOPKA AVENUE

INVERNESS, FLORIDA 34450-4299

Handwritten signature: ANK

2016-0535TD
GUENTER-MEWES
PO BOX 4
INGLIS, FL 34449

Hasler

FIRST-CLASS MAIL

01/24/2017

US POSTAGE

\$00.46⁰

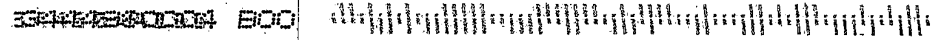


ZIP 34450
011D11644143

MIKEE JUN 7 11 0001/26/17

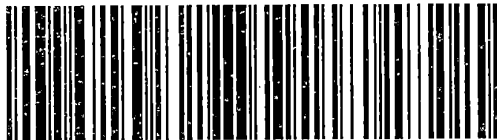
UNABLE TO FORWARD
NOT KNOWN

ANK BC: 3445042999 *0638-10162-24-44





ANGELA VIC
CLERK OF CIRCUIT COURT
110 NORTH AOPKA AVENUE
INVERNESS, FLORIDA 34449



9214 7969 0099 9790 1737 7412 35

Hasler

01/24/2017

US POSTAGE

FIRST-CLASS MAIL

\$06.56⁰



ZIP 34450
011D11644143

ANK

GUENTER MEWES
PO BOX 4
INGLIS, FL 34449

*Attempted
1/26/17*

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

www.usps.com

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**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:

GUENTER MEWES
PO BOX 4
INGLIS, FL 34448



9290 9969 0099 9737 7412 43

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7412 35

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

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) | |

Batch #: 424,574
Article #: 92147969009997901737741235
Date/Time: 2016-0535TD

Internal File #:
Internal Code:



ANGELA VIC
 CLERK OF CIRCUIT COURT
 110 NORTH AOPKA AVENUE
 INVERNESS, FLORIDA 34455

AKK



9214 7969 0099 9790 1737 7411 74

DANIEL L ALLEN EST
 PO BOX 4
 INGLIS, FL 34449

Hasler

FIRST-CLASS MAIL

01/24/2017

US POSTAGE

\$06.56⁰⁰



ZIP 34450
 011D11644143

*Attempted
 1/26/2017*

RECEIVED JAN 27 11 00 AM 2017

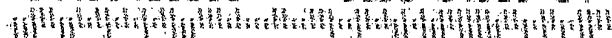
MAIL ROOM
 NOT POSTED - NOT RECORDED
 UNABLE TO FORWARD

ANK

BC: 0485049000 8000-0490-24-45

3044680001

BCD



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**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:

DANIEL L ALLEN EST
PO BOX 4
INGLIS, FL 34449



9290 9969 0099 9737 7411 82

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7411 74

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

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) | |

Batch #: 424,574
Article #: 92147969009997901737741174
Date/Time: 2016-0535TD

Internal File #:
Internal Code:

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:

ROBERT L TANKEL ESQ
 ROBERT L TANKEL PA
 1022 MAIN ST STE D
 DUNEDIN, FL 34698



9290 9969 0099 9737 7412 12

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7412 04

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-26-18

- 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) | |

UNITED STATES POSTAL SERVICE

2016-0535TD-1 331

25 JAN '17

FNS 1



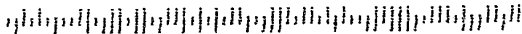
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9737 7412 29



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:

RAJENDRA INC
14221 LAKE CANDLEWOOD CT
MIAMI, FL 33014



9290 9969 0099 9737 7412 29

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7412 11

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rg

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

R Gupta

C. Date of Delivery

06-26-17

 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) | |

UNITED STATES POSTAL SERVICE

2016-0535TD



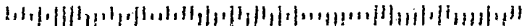
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9737 7411 99



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:

DANIEL LEE ALLEN EST
C/O SHERRY E DOUGLAS
4505 OLE LOG LN
KERNERSVILLE, NC 27284



9290 9969 0099 9737 7411 99

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7411 81

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Charles M. Douglas Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-27-17

- 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) | |

UNITED STATES POSTAL SERVICE

2016-0535TD



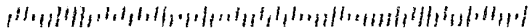
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9737 7411 68



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
PO BOX 4
INGLIS, FL 34449



9290 9969 0099 9737 7411 68

2. Article Number (Transfer from service label).

9214 7969 0099 9790 1737 7411 50

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Kim Hahn

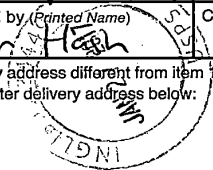
C. Date of Delivery

1/27/17

D. Is delivery address different from item 1?

-
- Yes
-
-
- No

If YES enter delivery address below:



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) | |

UNITED STATES POSTAL SERVICE

2016-0535TD



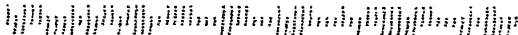
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9737 7412 05



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:

CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION
 INC
 C/O VILLAGES SERVICES CO-OPERATIVE
 2541 N RESTON TER
 HERNANDO, FL 34442



9290 9969 0099 9737 7412 05

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7411 98

COMPLETE THIS SECTION ON DELIVERY

A. Signature

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Kelly Bragan

C. Date of Delivery

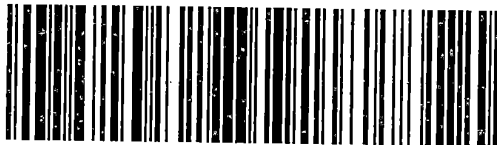
- D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

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) | |



ANGELA VI
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVE
INVERNESS, FLORIDA 344



9214 7969 0099 9790 1737 7411 67

WNC

DANIEL L ALLEN EST
11491 N HONEY JORDAN PT
INGLIS, FL 34449

Hasler

01/24/2017

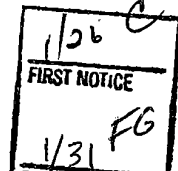
US POSTAGE

FIRST-CLASS MAIL

\$06.56⁰



ZIP 34450
011D11644143



NIXIE 322 DE 1

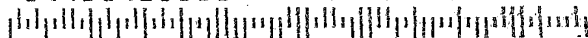
0002/14/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC

BC: 34450429999 *0638-04526-24-45

344504299
3444989221 HOC



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**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:

DANIEL L ALLEN EST
11491 N HONEY JORDAN PT
INGLIS, FL 34449



9290 9969 0099 9737 7411 75

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7411 67

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

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) | |

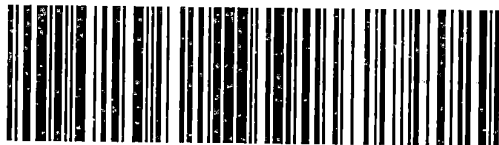
Batch #: 424,574
 Article #: 92147969009997901737741167
 Date/Time:
 2016-0535TD

Internal File #:
 Internal Code:



ANGELA VIC
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVEN
INVERNESS, FLORIDA 344

WJC



9214 7969 0099 9790 1737 7411 36

OCCUPANT
11491 N HONEY JORDAN PT
INGLIS, FL 34449

Hasler

01/24/2017

US POSTAGE

FIRST-CLASS MAIL

\$06.56⁰



ZIP 34450
011D11644143

1/26
FIRST NOTICE

NIXIE 322 DE 1

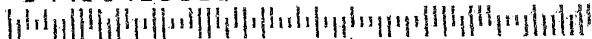
0002/14/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC

BC: 34450429999 *0638-04570-24-45

34450>4299
3444989221 HOC



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**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
11491 N HONEY JORDAN PT
INGLIS, FL 34449



9290 9969 0099 9737 7411 44

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7411 36

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

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) | |

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

Domestic Return Receipt

Batch #: 424,574
Article #: 92147969009997901737741136
Date/Time:
2016-0535TD

Internal File #:
Internal Code:



ANGELA VIC
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVEN
INVERNESS, FLORIDA 344



9214 7969 0099 9790 1737 7412 28

~~GUENTER MEWES
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614~~

~~ANK
REFUSE~~

Hasler

FIRST-CLASS MAIL

01/24/2017

US POSTAGE

\$06.56⁰



ZIP 34450
011D11644143

~~NIXTE~~

606144073-1N

02/21/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER

6061434648 0007



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

Reorder Form LCD-811R rev. 05/15

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:

GUENTER MEWES
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614



9290 9969 0099 9737 7412 36

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7412 28

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

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, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Batch #: 424,574
 Article #: 92147969009997901737741228
 Date/Time: 2016-0535TD

Internal File #:
 Internal Code:



ANGELA VIC
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 344



9214 7969 0099 9790 1737 7411 43

Hasler

FIRST-CLASS MAIL

01/24/2017

US POSTAGE

\$06.56⁰



ZIP 34450
011D11644143

~~OCCURANT
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614~~

NIXIE

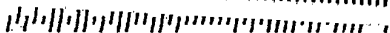
606144073-1N

02/21/17

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD
RETURN TO SENDER

REFUSE

6061444648 0007



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**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
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614



9290 9969 0099 9737 7411 51

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 7411 43

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

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) | |

Batch #: 424,574
Article #: 92147969009997901737741143
Date/Time: 2016-0535TD

Internal File #:
Internal Code: