

Performance Property Management Services, Inc.
13501 SW 128 St Suite 114C Miami, FL 33186
Telephone: 866-523-5003 Fax: 866-523-5004

Order Date:	09/14/2015	Folio Number:	494222-08-2160
Internal Tax Deed Number:	33382	Parent Tract No:	NONE
Records Through	09/14/2015		
Updated Through	06/30/2016		

PROPERTY LOCATED IN BROWARD COUNTY DESCRIBED AS FOLLOWS:

LOT 16 LESS WEST 55 FEET,18 WEST 25 BLK 9, PROSPECT GARDENS, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 22, PAGE 26, OF THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA.

TO: Records, Taxes & Treasury Division, Delinquent Tax Department, Broward County

Applicant: MANALAPAN BEACH TAX GROUP LLC SERIES 1

Application has been made for Tax Deed on the above referenced property. Pursuant to chapter 197.502 and 197.522 of the Florida Statutes, below are the names and addresses of the persons you are required to notify prior to the sale of the property:

APPARENT TITLE HOLDER & ADDRESS AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA

O.R. Book 37716, Page 28	SWINDELL,FLORENCE ADA
Quit Claim Deed	219 NW 40 COURT 1-3, OAKLAND PARK, FLORIDA 33309

MORTGAGEE AND ADDRESS OF RECORD AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA

NONE

LIEN HOLDER AND ADDRESS OF RECORD AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA

NONE

NAME AND ADDRESS OF RECORD ON CURRENT TAX ROLL

SWINDELL,FLORENCE ADA
1589 CHURCH ST NE
CONYERS GA 30012

NAME AND ADDRESS OF ESCROW AGENT: NONE

NAME AND ADDRESS OF TAX PAYING AGENT: NONE

APPLICATION FOR HOMESTEAD: NONE

GROSS ASSESSMENT: \$128,570.00

NOTE: 2015 TAXES ARE DUE IN THE AMOUNT OF \$4084.36

NOTE: Tax Year 2013- Tax Deed Application #33382- Face Amount:\$3,572.60- Applicant:MANALAPAN BEACH TAX GROUP LLC SERIES 1

UNPAID OR OMITTED YEARS TAXES (Only Include the Years with Certificates)

<u>TYPE</u>	<u>TAX</u>	<u>CERTIFICATE</u>	<u>FACE AMOUNT</u>	<u>CERTIFICATE HOLDER</u>
I	2014	10698	\$4204.64	MIKON FINANCIAL SERVICES, INC AND OCEAN BANK
I	2012	10913	\$3852.93	GREEN TAX FUNDING 3 US BANK % GREEN TAX
FUNDING 3				
I	2011	12747	\$3669.66	MANALAPAN BEACH TAX GROUP LLC SERIES 1

This Report is not a Legal Opinion of Title and should not be construed as dealing with the Quality of Title used as a Certified Abstract of Title, Title Insurance Commitment or Title Insurance Policy. Under Florida Statutes Chapter 197. Furthermore no Liability is assumed by PPMS, Inc for any liens and or judgments not filed in the Official Records of Broward County, Florida. PPMS, Inc. should only be liable for the amount of loss suffered by the Broward County Revenue Collection Division, as a result of legal matters filed against them, where such loss is determined to be from PPMS, Inc’s errors and omissions in performing its contractual responsibilities to the Broward County Revenue Collection Division, or for any refilling of fees that are required to bring subject property to sale.

BY: *Mitch Wilson*
By: *A. Black*
Authorized Signature

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
RECORDS, TAXES & TREASURY

NOTICE OF APPLICATION FOR TAX DEED NUMBER 33382

NOTICE is hereby given that the holder of the following certificate has filed said certificate for a tax deed to be issued thereon. The certificate number and year of issuance, the description of the property, and the name in which it was assessed are as follows:

Property ID: 494222-08-2160
Certificate Number: 12747
Date of Issuance: 06/01/2012
Certificate Holder: MANALAPAN BEACH TAX GROUP LLC SERIES 1
Description of Property: PROSPECT GARDENS 22-26 B
LOT 16 LESS W 55,18 W 25 BLK 9

Name in which assessed: SWINDELL,FLORENCE ADA
Legal Titleholders: SWINDELL,FLORENCE ADA
1589 CHURCH ST NE
CONYERS, GA 30012

All of said property being in the County of Broward, State of Florida.

Unless such certificate shall be redeemed according to law the property described in such certificate will be sold to the highest bidder on the 19th day of October, 2016. Pre-bidding shall open at 9:00 AM EDT, sale shall commence at 10:00 AM EDT and shall begin closing at 11:01 AM EDT at:

broward.deedauktion.net
**Pre-registration is required to bid.*

Dated this 15th day of September, 2016.

Bertha Henry
County Administrator
RECORDS, TAXES, AND TREASURY DIVISION

By: 
Dana F. Buker
Deputy

This Tax Deed is Subject to All Existing Public Purpose Utility and Government Easements. The successful bidder is responsible to pay any outstanding taxes.

Publish: DAILY BUSINESS REVIEW
Issues: 09/15/2016, 09/22/2016, 09/29/2016 & 10/06/2016
Minimum Bid: 26930.46

**Board of County Commissioners, Broward County, Florida
Records, Taxes, & Treasury**

CERTIFICATE OF MAILING NOTICES

Tax Deed # 33382

**STATE OF FLORIDA
COUNTY OF BROWARD**

THIS IS TO CERTIFY that I, County Administrator in and for Broward County, Florida, did on the 1st day of September 2016, mail a copy of the Notice of Application for Tax Deed to the following persons prior to the sale of property, and that payment has been made for all outstanding Tax Certificates or, if the Certificate is held by the County, that all appropriate fees have been paid and deposited:

**CITY OF OAKLAND PARK
ANDREW THOMPSON, BUDGET OFFICE
3650 NE 12 AVE
OAKLAND PARK, FL 33334**

**PEARSALL, ROBERT D JR & REBECCA
221 NW 40 CT
OAKLAND PARK FL 33309-5232**

**SWINDELL, FLORENCE ADA
219 NW 40 CT 1-3
OAKLAND PARK FL 33309**

**OAKLAND PARK 161 APTS LLC
161 NW 40 CT 1-5
OAKLAND PARK FL 33309**

**SWINDELL, FLORENCE ADA
1589 CHURCH ST NE
CONYERS GA 30012**

**MIKON FINANCIAL SERVICES, INC
AND OCEAN BANK
780 NW 42 AVE #300
MIAMI, FL 33126**

THE FOLLOWING AGENCIES WERE NOTIFIED BY INTEROFFICE

**BROWARD COUNTY CODE ENFORCEMENT
PERMITTING LICENSING & PROTECTION DIVISION
ATTN: DIANE JOHNSON
GCW-1 NORTH UNIVERSITY DR
PLANTATION, FL 33324**

**BROWARD COUNTY WATER & WASTEWATER
ATTN: RACHEL FLEURY-CHARLES
2555 W. COPANS RD
POMPANO BEACH, FL 33069**

**BROWARD COUNTY CODE & ZONING
ENFORCEMENT SECTION
PLANNING & REDEVELOPMENT DIV.
ENVIRONMENTAL PROTECTION & GROWTH
MGMT DEPT
ATTN: GORDON MILLER
GCW - 1 NORTH UNIVERSITY DR, MAILBOX 302
PLANTATION, FL 33324**

**BROWARD COUNTY PUBLIC WORKS DEPT
REAL PROPERTY SECTION
ATTN: MARIE HAMMOND
115 S ANDREWS AVE, ROOM 326
FORT LAUDERDALE FL 33301**

**BROWARD COUNTY HIGHWAY CONSTRUCTION &
ENGINEERING DIVISION, RIGHT OF WAY SECTION
ATTN: FRANK J GUILIANO
ONE N. UNIVERSITY DR., STE 300-B
PLANTATION, FL 33324**

**BROWARD COUNTY SHERIFF'S DEPT.
ATTN: CIVIL DIVISION
FT. LAUDERDALE, FL 33315**

I certify that notice was provided pursuant to Florida Statutes, Section 197.502(4)

I further certify that I enclosed with every copy mailed, a statement as follows: 'Warning - property in which you are interested' is listed in the copy of the enclosed notice.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this 1st day of September 2016 in compliance with section 197.522 Florida Statutes, 1995, as amended by Chapter 95-147 Senate Bill No. 596, Laws of Florida 1995.

SEAL

**Bertha Henry
COUNTY ADMINISTRATOR
Finance and Administrative Services Department
Records, Taxes, & Treasury Division**

By _____
Deputy **Rebecca Leder**

401-316 Revised 05/13

FROM THE COUNTY ADMINISTRATOR, BROWARD COUNTY, FORT LAUDERDALE, FLORIDA

DATE: September 1, 2016

PROPERTY ID # 494222-08-2160 (TD # 33382)

WARNING

PROPERTY IN WHICH YOU ARE INTERESTED IS LISTED IN THE ENCLOSED NOTICE

AS PER FLORIDA STATUTES 197.542, THE PROPERTY AT 219 NW 40 CT 1-3 OAKLAND PARK FL 33309 IS BEING SCHEDULED FOR TAX DEED AUCTION. ONCE THE PROPERTY IS SOLD IT CAN NOT BE REDEEMED. OTHER TAX YEARS MAY BE OWED BUT NOT INCLUDED IN THE AMOUNT BELOW PLEASE CALL FOR MORE INFORMATION.

FLA. STATUTES REQUIRE US TO NOTIFY ALL PROPERTY OWNERS WHO LIVE AROUND THE PROPERTY THAT'S GOING UP FOR SALE. IF YOU DO NOT OWN OR HAVE LEGAL INTEREST IN THIS PROPERTY, PLEASE DISREGARD THIS LETTER.

PAYMENT MUST BE MADE IN CASH, MONEY ORDER OR CASHIER'S CHECK; PERSONAL OR BUSINESS CHECKS ARE NOT ACCEPTED.

AMOUNT NECESSARY TO REDEEM: (See amount below)

MAKE CHECKS PAYABLE TO: BROWARD COUNTY TAX COLLECTOR

*** Amount due if paid by September 30, 2016\$ 17,809.10**

Or

*** Amount due if paid by October 18, 2016\$ 17,996.12**

***AMOUNTS DUE MAY BE SUBJECT TO ADDITIONAL FEES. PLEASE CALL (954) 357-5374 FOR THE CORRECT AMOUNT DUE PRIOR TO SUBMITTING PAYMENT FOR REDEMPTION.**

THERE ARE UNPAID TAXES ON THIS PROPERTY AND WILL BE SOLD AT PUBLIC AUCTION ON OCTOBER 19, 2016 UNLESS THE BACK TAXES ARE PAID.

TO MAKE PAYMENT, OR TO RECEIVE FURTHER INFORMATION, CONTACT THE RECORD, TAXES & TREASURY DIVISION, TAX DEED SECTION, 115 S. ANDREWS AVENUE ROOM #A-100, FORT LAUDERDALE, FLORIDA 33301-1895. PHONE: (954) 357-5374

**FOR TAX DEEDS PROCESS AND AUCTION RULES, PLEASE VISIT
www.broward.org/recordstaxestreasury**

Assigned to: **SERVE ASAP RTN TO TAX NOTICE TRAY** Service Sheet # **16-041444**

BROWARD COUNTY, FL vs. SWINDELL, FLORENCE ADA

TD 33382

TAX SALE NOTICE

VS. **COUNTY/BROWARD**

DEFENDANT **10/19/2016** CASE

TYPE OF WRIT
SWINDELL, FLORENCE ADA

COURT

HEARING DATE

SERVE

**219 NW 40TH COURT 1-3
OAKLAND PARK, FL 33309**

Received this process on

Date

14279

**BROWARD COUNTY REVENUE-DELINQ TAX SECTION
115 S. ANDREWS AVENUE, ROOM A-100
FT LAUDERDALE, FL 33301**

REBECCA LEDER, SUPV.

17448

Attorney

SWINDELL, FLORENCE ADA

☒ Served

☐ Not Served - see comments

9/9/2016 at

Date

1136

Time

On _____, in Broward County, Florida, by serving the within named person a true copy of the writ, with the date and time of service endorsed thereon by me, and a copy of the complaint, petition, or initial pleading, by the following method:

☐ **INDIVIDUAL SERVICE**

SUBSTITUTE SERVICE:

☐ At the defendant's usual place of abode on "any person residing therein who is 15 years of age or older", to wit:

_____, in accordance with F.S. 48.031(1)(a)

☐ To _____, the defendant's spouse, at _____ in accordance with F.S. 48.031(2)(a)

☐ To _____, the person in charge of the defendant's business in accordance with F.S. 48.031(2)(b), after two or more attempts to serve the defendant have been made at the place of business

CORPORATE SERVICE:

☐ To _____, holding the following position of said corporation _____ in the absence of any superior officer in accordance with F.S. 48.081

☐ To _____, an employee of defendant corporation in accordance with F.S. 48.081(3)

☐ To _____, as resident agent of said corporation in accordance with F.S. 48.091

☐ **PARTNERSHIP SERVICE:** To _____, partner, or to _____, designated employee or person in charge of partnership, in accordance with F.S. 48.061(1)

☐ **POSTED RESIDENTIAL:** By attaching a true copy to a conspicuous place on the property described in the complaint or summons. Neither the tenant nor a person residing therein 15 years of age or older could be found at the defendant's usual place of abode in accordance with F.S. 48.183

1st attempt date/time: _____

2nd attempt date/time: _____

☐ **POSTED COMMERCIAL:** By attaching a true copy to a conspicuous place on the property in accordance with F.S. 48.183

1st attempt date/time: _____

2nd attempt date/time: _____

☒ **OTHER RETURNS:** See comments

COMMENTS: **9/9/2016 AT 1136 POSTED AT FRONT BUILDING WALL**

You can now check the status of your writ by visiting the Broward Sheriff's Office Website at www.sheriff.org and clicking on the icon "Service Inquiry"

SCOTT J. ISRAEL, SHERIFF
BROWARD COUNTY, FLORIDA

BY: **Joe Lerner dot 14922** D.S.

Perendot

ORIGINAL

FROM THE COUNTY ADMINISTRATOR, BROWARD COUNTY, FORT LAUDERDALE, FLORIDA
PROPERTY ID # 494222-08-2160 (TD # 33382)

WARNING

PROPERTY IN WHICH YOU ARE INTERESTED IS LISTED IN THE ENCLOSED NOTICE

**BROWARD COUNTY SHERIFF'S DEPT
ATTN: CIVIL DIVISION
FT LAUDERDALE, FL 33312**

NOTE

AS PER FLORIDA STATUTES 197.542, THIS PROPERTY IS BEING SCHEDULED FOR TAX DEED AUCTION, AND WILL NO LONGER BE ABLE TO BE REDEEMED. OTHER TAX YEARS MAY BE OWED BUT NOT INCLUDED IN THE AMOUNT BELOW PLEASE CALL FOR MORE INFORMATION.

FLA. STATUTES REQUIRE US TO NOTIFY ALL PROPERTY OWNERS WHO LIVE AROUND THE PROPERTY THAT'S GOING UP FOR SALE. IF YOU DO NOT OWN OR HAVE LEGAL INTEREST IN THIS PROPERTY, PLEASE DISREGARD THIS LETTER.

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Or

*** Amount due if paid by October 18, 2016\$ 17,996.12**

***AMOUNTS DUE MAY BE SUBJECT TO ADDITIONAL FEES. PLEASE CALL (954) 357-5374 FOR THE CORRECT AMOUNT DUE PRIOR TO SUBMITTING PAYMENT FOR REDEMPTION.**

THERE ARE UNPAID TAXES ON THIS PROPERTY AND WILL BE SOLD AT PUBLIC AUCTION ON OCTOBER 19, 2016 UNLESS THE BACK TAXES ARE PAID.

TO MAKE PAYMENT, OR TO RECEIVE FURTHER INFORMATION, CONTACT THE RECORD, TAXES & TREASURY DIVISION, TAX DEED SECTION, 115 S. ANDREWS AVENUE ROOM #A-100, FORT LAUDERDALE, FLORIDA 33301-1895. PHONE: (954) 357-5374 OR 5395

FOR TAX DEEDS PROCESS AND AUCTION RULES, PLEASE VISIT

www.broward.org/recordstaxestreasury

PLEASE SERVE THIS ADDRESS OR LOCATION

**SWINDELL, FLORENCE ADA
219 NW 40 CT 1-3
OAKLAND PARK FL 33309**

NOTE: THIS IS THE ADDRESS OF THE PROPERTY SCHEDULED FOR AUCTION

LF298-04
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 24th day of June, 2004,
by first party, Grantor, Eugene Willoughby Swindell,
whose post office address is 219 N.W. 40th Court Fort Lauderdale, Florida 33309
to second party, Grantee, Florence Ada Swindell aka Doris Swindell,
whose post office address is 219 N.W. 40th Court Fort Lauderdale, Florida 33309

OFFICIAL COPY

WITNESSETH, That the said first party, for good consideration and for the sum of
Zero Dollars (\$0.00)
paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release
and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first
party has in and to the following described parcel of land, and improvements and appurtenances thereto in
the County of Broward, State of Florida to wit:

Prospect Gardens 22-26 B Lot 16 Less W 55, 18 W 25 BLK 9

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Kathy McDonald Felton
Signature of Witness

Kathy McDonald Felton
Print name of Witness

Clairie McKenzie
Signature of Witness

Clairie McKenzie
Print name of Witness

Florence Swindle
Signature of First Party

FLORENCE SWINDEL
Print name of First Party

Signature of First Party

Print name of First Party

State of Florida
County of Broward
On June 25, 2004

} before me,

appeared Florence ADA Swindle

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Kathy McDonald Felton
Signature of Notary



Kathy R. Felton
Commission # CC 979196
Expires Nov. 2, 2004
Bonded thru
Atlantic Roadmap Co., Inc.

Affiant Known Produced ID _____
Type of ID _____
(Seal)

State of
County of
On

} before me,

appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

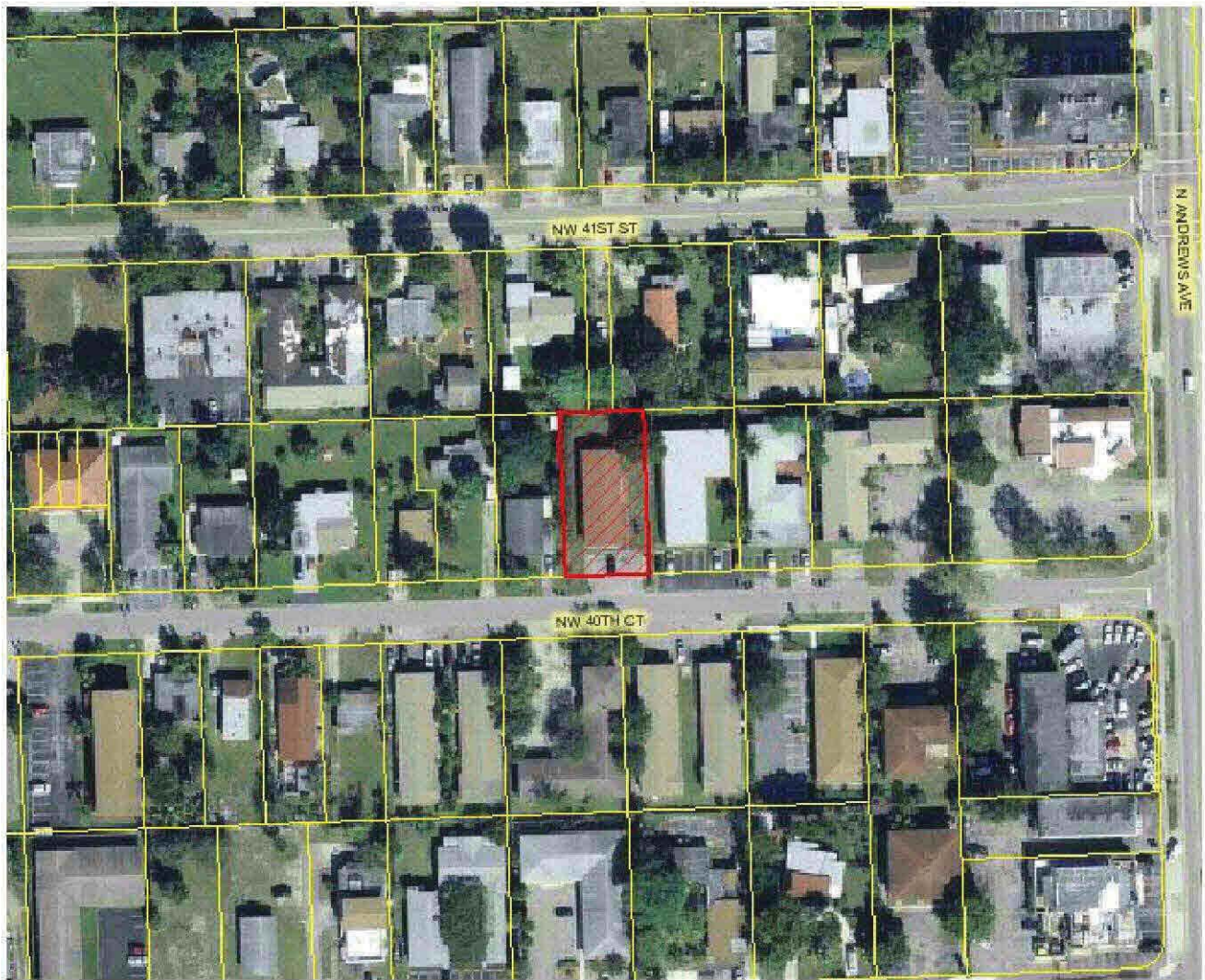
Signature of Notary

Affiant Known Produced ID _____
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer



7015 3010 0001 7558 7572

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postage

\$

Total

\$

Sent

State

City

Postmark
Here

TD 33382 OCT 2016 WARNING
PEARSALL, ROBERT D JR & REBECCA
221 NW 40 CT
OAKLAND PARK FL 33309-5232

7015 3010 0001 7550 7565

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postmark
Here

Postage

\$

Total Pos

\$

Sent To

Street and

City, State

TD 33382 OCT 2016 WARNING
SWINDELL, FLORENCE ADA
1589 CHURCH ST NE
CONYERS GA 30012

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7558 9551 0001 7558 7558 0700 5100

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

- | | | |
|--------------------------------------------------------------|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |

Postmark
Here

Postage

\$

Total F

\$

Sent To

Street &

City, State, ZIP

**TD 33382 OCT 2016 WARNING
SWINDELL, FLORENCE ADA
219 NW 40 CT 1-3
OAKLAND PARK FL 33309**

7015 3010 0001 7550 7541

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

- | | | |
|--------------------------------------------------------------|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |

Postmark
Here

Postage

\$

Total

\$

Sent

Street

City

TD 33382 OCT 2016 WARNING
OAKLAND PARK 161 APTS LLC
161 NW 40 CT 1-5
OAKLAND PARK FL 33309

7015 3010 0001 7558 7534

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

Postmark
Here

Postage

\$

Total P&C

\$

Sent To

Street &

City, State, ZIP+4®

TD 33382 OCT 2016 WARNING
MIKON FINANCIAL SERVICES, INC
AND OCEAN BANK
780 NW 42 AVE #300
MIAMI, FL 33126

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3010 0001 7558 7527

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

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	
\$	
Total Postage	
\$	
Sent To	
Street and /	
City, State, ZIP+4 [®]	

TD 33382 OCT 2016 WARNING
CITY OF OAKLAND PARK
ANDREW THOMPSON, BUDGET OFFICE
3650 NE 12 AVE
OAKLAND PARK, FL 33334

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:

TD 33382 OCT 2016 WARNING
SWINDELL, FLORENCE ADA
1589 CHURCH ST NE
CONYERS GA 30012

9590 9402 1346 5285 4236 54



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"/> Very Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

2. **70J5 30J0 0001 7558 7565**

(over \$500)

Restricted Delivery

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.
TD 33382 OCT 2016 WARNING
CITY OF OAKLAND PARK
ANDREW THOMPSON, BUDGET OFFICE
3650 NE 12 AVE
OAKLAND PARK, FL 33334



9590 9402 1346 5285 4234 25

2. Article Number (Transfer from service label)

7015 3010 0001 7558 7527

Delivery

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
Andrew Thompson
☐ Addressee
- B. Received by (Printed Name) *Andrew Thompson* C. Date of Delivery *09/09/16*
- 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 |

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>9/9/16</i>	

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

TD 33382 OCT 2016 WARNING
MIKON FINANCIAL SERVICES, INC
AND OCEAN BANK
780 NW 42 AVE #300
MIAMI, FL 33126



9590 9402 1346 5285 4234 18

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"/> Certified Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Insured Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

2. Article Number
7015 3010 0001 7558 7534

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

Domestic Return Receipt