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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ano Beach FL 33408 Maria Moncada, Principal Attorney Florida Power & Light Company 3. Service Type 700 Universe Boulevard Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise Juno Beach, Florida 33408-0420 ☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 3500 0001 5977 8042 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540