

ORIGINAL

RECEIVED-FPSC

06 AUG -8 AM 11:11

COMMISSION CLERK

060469-TC

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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: 060469

Atlantic Gulf Enterprises
3017 West Sligh Avenue
Tampa FL 33614-4213

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PSC-06-0618-PAA-TC

2. Article Number
(Transfer from service label)

7004 1160 0004 5750 7575

State of Florida PS Form 3811, March 2001

Domestic Return Receipt

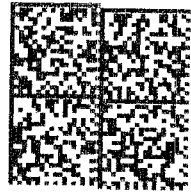
102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5750 7575



UNCLAIMED

Atlantic Gulf Enterprises
3017 West Sligh Avenue
Tampa FL 33614-4213

NRLD
1458 7/22/06

FINAL NOTICE

JUL 27 2006
AUG - 6 2006

US POSTAGE
Mailed From 32399

\$04.640
07/20/2006

047382004132

DOCUMENT NUMBER - DATE

07091 AUG-8 8

FPSC-COMMISSION CLERK

CMP COM CTR ECR GCL OPC RCA SCR SGA SEC OTH