

Return Receipt (Form 3811) Barcode



9590 9266 9904 2148 0544 62

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 7-23

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

609 Virginia Dr
Orlando, FL 32803

3. Service Type:
 Certified Mail
 Certified Mail Restricted Delivery

Reference Information

RE: 13960053
SENDER: burkef, Saint Petersburg Field Office, MS 31
NOI_ITOP, 2019010416

1. Article Addressed to:

WOMEN'S CENTER OF HYDE PARK LLC
502 S MAGNOLIA AVE
TAMPA, FL 33606-2257

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2148 0544 69

Service