

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:

Shaun Anthony Chambers
 CHAMBERS BUILDING & RENOVATION SERVICES LLC
 2349 Nw 34th Terr
 COCONUT CREEK, FL 33066
 CITATION 31201 COMP 3/5/24



9590 9402 6956 1104 8071 44

2. Article Number (Transfer from service label)

7018 1830 0000 7931 8684

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

X

- Agent
- Addressee

B. Received by (Printed Name)

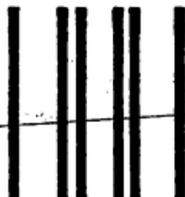
C. Date of Delivery

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

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



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

9590 9402 6956 1104 8071 44

United States
Postal Service

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

CONTRACTOR LICENSING

CITY OF PORT ST LUCIE
121 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

