IN THE CIRCUIT COURT OF THE 7th JUDICIAL CIRCUIT IN AND FOR VOLUSIA COUNTY, FLORIDA

DAVID R. RIDENOUR,

Plaintiff,

vs.

FLORIDA DEPARTMENT OF TRANSPORTATION, a Political Subdivision of the State of Florida, CITY OF DELAND a Municipal Subdivision of the State of Florida and VOLUSIA COUNTY, a Political Subdivision of the State of Florida,

Defendants.
_____/

CASE NO.:
FBN: 476706

COMPLAINT FOR DAMAGES PURSUANT TO F.S. 768-28

COMES NOW the Plaintiff, DAVID R. RIDENOUR, by and through the undersigned counsel, and sues the Defendants, FLORIDA DEPARTMENT OF TRANSPORTATON (hereinafter "FDOT"), a Political subdivision of the State of Florida, CITY OF DELAND, a Municipal Subdivision of the State of Florida and VOLUSIA COUNTY, a Political Subdivision of the State of Florida and states as follows:

1) This is an action for damages in excess of the minimum jurisdiction of this Court.

2) At all times material hereto, Plaintiff is a resident of Volusia County, Florida, and is over the age of eighteen (18) years, and is otherwise sui juris.

3) At all times material hereto, Defendant, "FDOT", is a Political subdivision of the State of Florida.

4) At all times material hereto, Defendant, CITY OF DELAND, is a Municipal subdivision of the State of Florida.

5) At all times material hereto, Defendant, VOLUSIA COUNTY, is a Political subdivision of the State of Florida.

6) At all times material hereto, the Plaintiff has complied with the notification requirements and provisions of Florida Statute 768.28 (copies are attached hereto).

7) At all times material hereto, Plaintiff was driving a motor vehicle east bound on E. Wisconsin Ave crossing the intersection of N. Amelia Ave, Deland, Florida when he was involved in a motor vehicle crash.

COUNT I – NEGLIGENCE OF FDOT

The Plaintiff realleges paragraphs 1 – 7 above as if fully set forth herein and further complaining states:

8) At all times material hereto, Defendant, "FDOT", owned, controlled and maintained the street signs/traffic signal devices in the City of Deland, specifically at or near East Wisconsin Avenue at the intersection of North Amelia in the City of Deland, Florida, Volusia County.

9) At all times material hereto, Plaintiff was driving a motor vehicle east bound on E. Wisconsin Ave near the intersection of N. Amelia Ave, Deland, Florida when Plaintiff approached an intersection controlled by a stop sign.

10) The stop sign at this intersection had been broken, damaged or otherwise rendered ineffective and was not properly replaced by Defendant "FDOT" despite prior knowledge of the condition of the sign. Plaintiff alleges that it failed to provide adequate notice to driver's of the need to stop.

11) As a direct result of Defendant, FDOT's, failure to repair or replace the damaged stop sign in a timely and proper manner, Plaintiff approached the intersection without being

adequately warned to stop causing Plaintiff's vehicle to collide with another vehicle at the intersection, resulting in significant injuries to Plaintiff.

12) At all times material hereto, Defendant, "FDOT", had a duty to protect the Plaintiff from dangerous conditions existing on said premises of which they knew, or should have known and had a duty to maintain the roadways and traffic control devices, including stop signs, in a reasonably safe condition to prevent accidents.

13) Defendant, FDOT, breached that duty by failing to repair or replace the broken stop sign at the intersection in question, despite having actual or constructive notice of the dangerous condition of the sign.

14) Defendant, FDOT's, acts or omissions in failing to properly maintain the stop sign were a proximate cause of Plaintiff's damages.

15) The Plaintiff was injured in and about his body and extremities, suffered pain and mental anguish therefrom, was required to and did receive medical care, treatment, and related expenses as a result of his injuries, suffered great pain and will continue permanently to suffer great pain, and has suffered and sustained permanent injury within a reasonable degree of medical probability and/or aggravated a pre-existing injury or condition thereto; and said injuries are either permanent or continuing in their nature and Plaintiff will suffer such losses and impairments in the future, as well as conditions not yet diagnosed; that all of said injuries were caused solely by the negligence and carelessness of the Defendant herein.

COUNT II – NEGLIGENCE OF CITY OF DELAND

The Plaintiff realleges paragraphs 1 – 7 above as if fully set forth herein

and further complaining states:

16) At all times material hereto, Plaintiff was driving a motor vehicle east bound on E. Wisconsin Ave near the intersection of N. Amelia Ave, Deland, Florida when Plaintiff approached an intersection controlled by a stop sign.

17) The stop sign at this intersection had been broken, damaged or otherwise rendered ineffective and was not properly replaced by Defendant, CITY OF DELAND, despite prior knowledge of the condition of the sign. Plaintiff alleges that the sign was missing, obscured or significantly damaged to the extent that it failed to provide adequate notice to driver's of the need to stop.

18) As a direct result of Defendant, CITY OF DELAND'S, failure to repair or replace the damaged stop sign in a timely manner, Plaintiff approached the intersection without being adequately warned to stop.

19) As a direct result of Defendant, CITY OF DELAND'S, failure to repair or replace the damaged stop sign in a timely and proper manner, Plaintiff approached the intersection without being adequately warned to stop causing Plaintiff's vehicle to collide with another vehicle at the intersection, resulting in significant injuries to Plaintiff.

20) Defendant, CITY OF DELAD, had a duty to maintain the roadways and traffic control devices, including stop signs, in a reasonably safe condition to prevent accidents.

21) Defendant, CITY OF DELAND, breached its duty by failing to timely repair or replace the broken stop sign at the intersection, despite having constructive notice of the dangerous condition.

23) As a direct and proximate result of the aforesaid negligence of Defendant, CITY OF DELAND, the Plaintiff was injured in and about his body and extremities, suffered pain and

mental anguish therefrom, was required to and did receive medical care, treatment, and related expenses as a result of his injuries, suffered great pain and will continue permanently to suffer great pain, and has suffered and sustained permanent injury within a reasonable degree of medical probability and/or aggravated a pre-existing injury or condition thereto; and said injuries are either permanent or continuing in their nature and Plaintiff will suffer such losses and impairments in the future, as well as conditions not yet diagnosed; that all of said injuries were caused solely by the negligence and carelessness of the Defendant herein.

COUNT III – NEGLIGENCE OF VOLUSIA COUNTY

The Plaintiff realleges paragraphs 1 – 7 above as if fully set forth herein and further complaining states:

24) At all times material hereto, Plaintiff was driving a motor vehicle east bound on E. Wisconsin Ave near the intersection of N. Amelia Ave, Deland, Florida when Plaintiff approached an intersection controlled by a stop sign.

25) The stop sign at this intersection had been broken, damaged or otherwise rendered ineffective and was not properly replaced by Defendant, VOLUSIA COUNTY, despite prior knowledge of the condition of the sign. Plaintiff alleges that the sign was missing, obscured or significantly damaged to the extent that it failed to provide adequate notice to driver's of the need to stop.

26) As a direct result of Defendant, VOLUSIA COUNTY, failure to repair or replace the damaged stop sign in a timely manner, Plaintiff approached the intersection without being adequately warned to stop.

27) As a direct result of Defendant, VOLUSIA COUNTY'S failure to repair or replace the

damaged stop sign in a timely and proper manner, Plaintiff approached the intersection without being adequately warned to stop causing Plaintiff's vehicle to collide with another vehicle at the intersection, resulting in significant injuries to Plaintiff.

28) Defendant, VOLUSIA COUNTY, had a duty to maintain the roadways and traffic control devices, including stop signs, in a reasonably safe condition to prevent accidents.

29) Defendant, VOLUSIA COUNTY, breached its duty by failing to timely repair or replace the broken stop sign at the intersection, despite having constructive notice of the dangerous condition.

30) As a direct and proximate result of the aforesaid negligence of Defendant, VOLUSIA COUNTY, the Plaintiff was injured in and about his body and extremities, suffered pain and mental anguish therefrom, was required to and did receive medical care, treatment, and related expenses as a result of his injuries, suffered great pain and will continue permanently to suffer great pain, and has suffered and sustained permanent injury within a reasonable degree of medical probability and/or aggravated a pre-existing injury or condition thereto; and said injuries are either permanent or continuing in their nature and Plaintiff will suffer such losses and impairments in the future, as well as conditions not yet diagnosed; that all of said injuries were caused solely by the negligence and carelessness of the Defendant herein.

WHEREFORE, Plaintiff demands judgment for compensatory damages and costs against the Defendants, FLORIDA DEPARTMENT OF TRANSPORTATON (hereinafter "FDOT"), a Political subdivision of the State of Florida, CITY OF DELAND, a Municipal Subdivision of the State of Florida and VOLUSIA COUNTY, a Political Subdivision of the State of Florida, in a sum in excess of $50,000.00 together with the costs and

disbursements herein and Plaintiff demands a trial by jury.

DATED this 1st day of April, 2025.

NEGRONI LAW GROUP, LLC
Attorney for Plaintiff
7050 NW 4th Street, Suite 201
Plantation, Florida 33317
(954) 321-6115
Primary email: jose@negronilaw.com
Secondary email: Lsanchez@negronilaw.com
anthea@negronilaw.com

BY: /s/José A. Negroni
JOSE A. NEGRONI, ESQ.

NEGRONI
LAW GROUP

José A. Negroni, Esq.
Attorney at Law

7050 NW 4th Street, Suite 201 • Plantation, FL 33317
www.FloridaInjured.com

Anthea Wickliffe
Paralegal, FRP

August 28, 2023

Florida Department of Financial Services
200 East Gaines Street
Tallahassee, FL 32399-0300

RE:	Our Client:	David Ridenour
	Date of Accident:	5/17/2023
	Location of Accident:	E. Wisconsin Ave & N. Amelia Ave Deland, Florida
	Description:	Client was east bound on E. Wisconsin Ave crossing N. Amelia Ave, when he was T-boned by a vehicle heading South bound on N. Amelia Ave. Our client went through The intersection because the stop sign was down on the Ground, and he was not able to see it.

Dear Sir/Madam:

Please be advised that our firm represents the above-referenced individual with regards to injuries sustained as a result of the negligence of Volusia County through its agents and/or employees in creating a hazardous condition.

For your information, our client's date of birth is 1/17/1982.The client's social security number is [redacted]78. There exists no prior adjudicated unpaid claims on behalf of our client in excess of $200.00. The client was born in USA.

As a proximate result of the negligence of Volusia County through its employees and/or agents, our client has incurred medical expenses. Upon receipt of this correspondence, please advise our office of your claim number and the name and phone number of the individual handling this claim.

This letter is being sent to you pursuant to the requirements of Florida Statute §768.28(6)(c).

PLEASE GOVERN YOURSELF ACCORDINGLY.

Cordially,

Jose A. Negroni, Esq.
JAN/jr
CERTIFIED MAIL, RETURN RECIEPT REQUESTED: 7021 2720 0002 9551 4261

NEGRONI
LAW GROUP

José A. Negroni, Esq.
Attorney at Law

7050 NW 4th Street, Suite 201 • Plantation, FL 33317
www.FloridaInjured.com

Anthea Wickliffe
Paralegal, FRP

August 28, 2023

Volusia County
Risk Management
230 N Woodland Blvd #250,
DeLand, FL 32720

RE:	Our Client:	David Ridenour
	Date of Accident:	5/17/2023
	Location of Accident:	E. Wisconsin Ave & N. Amelia Ave Deland, Florida
	Description:	Client was east bound on E. Wisconsin Ave crossing N. Amelia Ave, when he was T-boned by a vehicle heading South bound on N. Amelia Ave. Our client went through The intersection because the stop sign was down on the Ground, and he was not able to see it.

Dear Sir/Madam:

Please be advised that our firm represents the above-referenced individual with regards to injuries sustained as a result of the negligence of Volusia County through its agents and/or employees in creating a hazardous condition.

For your information, our client's date of birth is 1/17/1982.The client's social security number is: [redacted]178. There exists no prior adjudicated unpaid claims on behalf of our client in excess of $200.00. The client was born in USA.

As a proximate result of the negligence of Volusia County through its employees and/or agents, our client has incurred medical expenses. Upon receipt of this correspondence, please advise our office of your claim number and the name and phone number of the individual handling this claim.

This letter is being sent to you pursuant to the requirements of Florida Statute §768.28(6)(c).

PLEASE GOVERN YOURSELF ACCORDINGLY.

Cordially,

José A. Negroni, Esq.
JAN/jr
CERTIFIED MAIL, RETURN RECIEPT REQUESTED: 7021 2720 0002 9551 4254
cc: Florida Department of Financial Services

NEGRONI
LAW GROUP

José A. Negroni, Esq.
Attorney at Law

7050 NW 4th Street, Suite 201 • Plantation, FL 33317
www.FloridaInjured.com

Anthea Wickliffe
Paralegal, FRP

October 23, 2023

Florida Department of Transportation
605 Suwannee St
Tallahassee, FL 32399

RE:

Our Client:	David Ridenour
Date of Accident:	5/17/2023
Location of Accident:	E. Wisconsin Ave & N. Amelia Ave Deland, Florida
Description:	Client was east bound on E. Wisconsin Ave crossing N. Amelia Ave, when he was T-boned by a vehicle heading South bound on N. Amelia Ave. Our client went through The intersection because the stop sign was down on the Ground, and he was not able to see it.

Dear Sir/Madam:

Please be advised that our firm represents the above-referenced individual with regards to injuries sustained as a result of the negligence of Florida Department of Transportation through its agents and/or employees in creating a hazardous condition.

For your information, our client's date of birth is 1/17/1982.The client's social security number is 78. There exists no prior adjudicated unpaid claims on behalf of our client in excess of $200.00. The client was born in USA.

As a proximate result of the negligence of Florida Department of Transportation through its employees and/or agents, our client has incurred medical expenses. Upon receipt of this correspondence, please advise our office of your claim number and the name and phone number of the individual handling this claim.

This letter is being sent to you pursuant to the requirements of Florida Statute §768.28(6)(c).

PLEASE GOVERN YOURSELF ACCORDINGLY.

Cordially,

José A. Negroni, Esq.
JAN/jr
CERTIFIED MAIL, RETURN RECIEPT REQUESTED: 7021 2720 0002 9551 4643
cc: Florida Department of Financial Services

NEGRONI
LAW GROUP

José A. Negroni, Esq.
Attorney at Law

7050 NW 4th Street, Suite 201 • Plantation, FL 33317
www.FloridaInjured.com

Anthea Wickliffe
Paralegal, FRP

October 23, 2023

Florida Department of Financial Services
200 East Gaines Street
Tallahassee, FL 32399-0300

RE: Our Client: David Ridenour
Date of Accident: 5/17/2023
Location of Accident: E. Wisconsin Ave & N. Amelia Ave Deland, Florida
Description: Client was east bound on E. Wisconsin Ave crossing N. Amelia Ave, when he was T-boned by a vehicle heading South bound on N. Amelia Ave. Our client went through The intersection because the stop sign was down on the Ground, and he was not able to see it.

Dear Sir/Madam:

Please be advised that our firm represents the above-referenced individual with regards to injuries sustained as a result of the negligence of Florida Department of Transportation through its agents and/or employees in creating a hazardous condition.

For your information, our client's date of birth is 1/17/1982.The client's social security number is , 378. There exists no prior adjudicated unpaid claims on behalf of our client in excess of $200.00. The client was born in USA.

As a proximate result of the negligence of Florida Department of Transportation through its employees and/or agents, our client has incurred medical expenses. Upon receipt of this correspondence, please advise our office of your claim number and the name and phone number of the individual handling this claim.

This letter is being sent to you pursuant to the requirements of Florida Statute §768.28(6)(c).

PLEASE GOVERN YOURSELF ACCORDINGLY.

Cordially,

José A. Negroni, Esq.
JAN/jr
CERTIFIED MAIL, RETURN RECIEPT REQUESTED: 7021 2720 0002 9551 4650

NEGRONI
LAW GROUP

José A. Negroni, Esq.
Attorney at Law

7050 NW 4th Street, Suite 201 • Plantation, FL 33317
www.FloridaInjured.com

Anthea Wickliffe
Paralegal, FRP

August 28, 2023

City of DeLand
Risk Management
120 S Florida Avenue
DeLand, FL 32720

RE:	Our Client:	David Ridenour
	Date of Accident:	5/17/2023
	Location of Accident:	E. Wisconsin Ave & N. Amelia Ave Deland, Florida
	Description:	Client was east bound on E. Wisconsin Ave crossing N. Amelia Ave, when he was T-boned by a vehicle heading South bound on N. Amelia Ave. Our client went through The intersection because the stop sign was down on the Ground, and he was not able to see it.

Dear Sir/Madam:

Please be advised that our firm represents the above-referenced individual with regards to injuries sustained as a result of the negligence of City of DeLand through its agents and/or employees in creating a hazardous condition.

For your information, our client's date of birth is 1/17/1982.The client's social security number is [redacted]3. There exists no prior adjudicated unpaid claims on behalf of our client in excess of $200.00. The client was born in USA.

As a proximate result of the negligence of City of DeLand through its employees and/or agents, our client has incurred medical expenses. Upon receipt of this correspondence, please advise our office of your claim number and the name and phone number of the individual handling this claim.

This letter is being sent to you pursuant to the requirements of Florida Statute §768.28(6)(c).

PLEASE GOVERN YOURSELF ACCORDINGLY.

Cordially,

José A. Negroni, Esq.
JAN/jr
CERTIFIED MAIL, RETURN RECIEPT REQUESTED: 7021 2720 0002 9551 4216
cc: Florida Department of Financial Services

NEGRONI
LAW GROUP

José A. Negroni, Esq.
Attorney at Law

7050 NW 4th Street, Suite 201 • Plantation, FL 33317
www.FloridaInjured.com

Anthea Wickliffe
Paralegal, FRP

August 28, 2023

Florida Department of Financial Services
200 East Gaines Street
Tallahassee, FL 32399-0300

RE:

Our Client:	David Ridenour
Date of Accident:	5/17/2023
Location of Accident:	E. Wisconsin Ave & N. Amelia Ave Deland, Florida
Description:	Client was east bound on E. Wisconsin Ave crossing N. Amelia Ave, when he was T-boned by a vehicle heading South bound on N. Amelia Ave. Our client went through The intersection because the stop sign was down on the Ground, and he was not able to see it.

Dear Sir/Madam:

Please be advised that our firm represents the above-referenced individual with regards to injuries sustained as a result of the negligence of City of DeLand through its agents and/or employees in creating a hazardous condition.

For your information, our client's date of birth is 1/17/1982.The client's social security number is [redacted]3. There exists no prior adjudicated unpaid claims on behalf of our client in excess of $200.00. The client was born in USA.

As a proximate result of the negligence of City of DeLand through its employees and/or agents, our client has incurred medical expenses. Upon receipt of this correspondence, please advise our office of your claim number and the name and phone number of the individual handling this claim.

This letter is being sent to you pursuant to the requirements of Florida Statute §768.28(6)(c).

PLEASE GOVERN YOURSELF ACCORDINGLY.

Cordially,

José A. Negroni, Esq.
JAN/jr
CERTIFIED MAIL, RETURN RECIEPT REQUESTED: 7021 2720 0002 9551 4223

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:

FDOT
605 SUWANNEE ST
Tallahassee, FL 32399

9590 9402 6457 0346 8038 71

2. Article Number (Transfer from service label)
7021 2720 0002 9551 4643

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Darcy Ward
C. Date of Delivery 10/31/23

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☑ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN [redacted]
Domestic Return Receipt

7021 2720 0002 9551 4643

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)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

FLA. DEPT OF FINANCIAL SERVICES
200 E. GAINES ST
Tallahassee, FL 32399

9590 9402 6457 0346 8038 88

2. Article Number *(Transfer from service label)*

7021 2720 0002 9551 4650

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X John Sandlin ☐ Agent ☐ Addressee

B. Received by (Printed Name) John Sandlin Date of Delivery

Dept of Financial Services
Tallahassee, FL 32399-0317

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN [redacted] Domestic Return Receipt

7021 2720 0002 9551 4650

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)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 2720 0002 9551 4216

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)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN [redacted] See Reverse for Instructions

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:

CITY OF DELAND
RISK MANAGEMENT
120 S. FLORIDA AVE
DELAND, FL 32720

9590 9402 6457 0346 8030 55

2. Article Number (Transfer from service label)

7021 2720 0002 9551 4216

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [illegible]

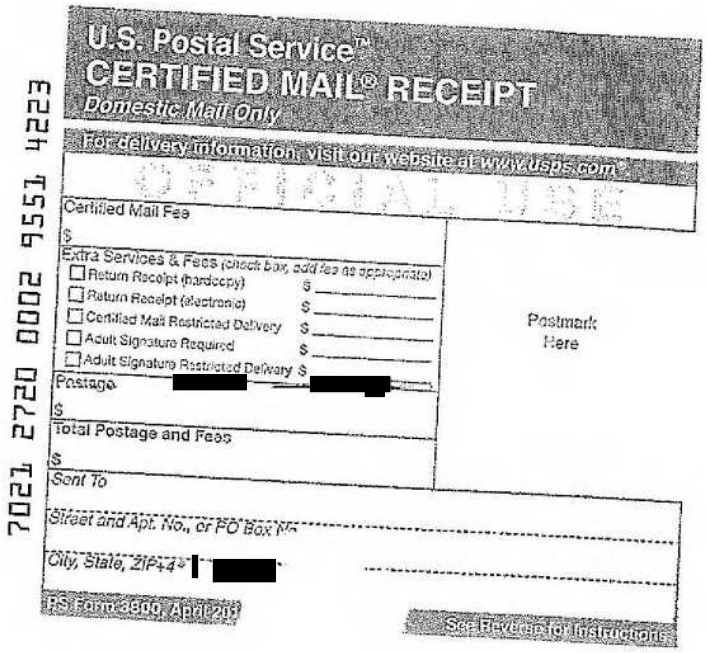
C. Date of Delivery 8/31/2

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
(Over $500)

PS Form 3811, July 2020 PSN [redacted]-9053 Domestic Return Receipt



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)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 20

See Reverse for Instructions

Postmark Here

7021 2720 0002 9551 4223

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:

Fla. Dept of Financial Service
200 E. Gaines St
Tallahassee, Fl 32399

9590 9402 6457 0346 8030 62

2. Article Number (Transfer from service label)

7021 2720 0002 9551 4223

PS Form 3811, July 2020 PSN

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

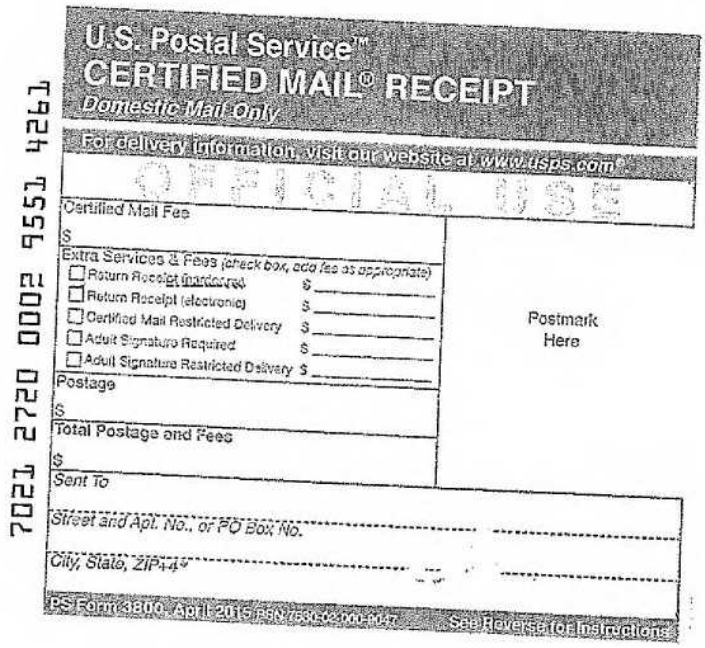
C. Date of Delivery

Received by: Coren Blocker
DEPT OF FINANCIAL SERVICES

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

3. 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 ($500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt


7021 2720 0002 9551 4261
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)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
Postmark Here
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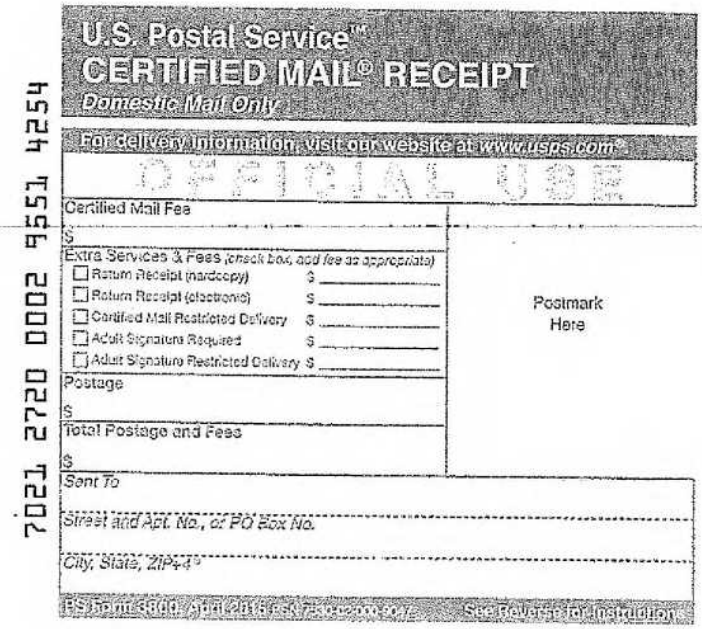
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