

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

January 2, 2002

Mr. Robert Wenderott
Dryclean USA
7771 West Oakland Park Boulevard, Suite 201
Sunrise, Florida 33351

Re: Facility No.: 0112347-002

Dear Mr. Wenderott:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 11, 2001.


Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Daniela Banu, Broward County

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 11 2
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Dryclean USA.
2. Site Name (For example, plant name or number): # 72205
3. Hazardous Waste Generator Identification Number: FLD982102402.
4. Facility Location: Street Address: 136 S. Flamingo Road City: Pembroke Pines, FL County: Broward Zip Code: 33027
5. Facility Identification Number (DEP Use ONLY - do not fill in): 011234M-002

Responsible Official

6. Name and Title of Responsible Official: Name: Robert Wenderott Title: Senior Project Manager
7. Responsible Official Mailing Address: Dryclean USA Organization/Firm: 7771 W. Oakland PK Blvd Suite 201 Street Address: City: Sunrise, FL County: Broward Zip Code: 33351
8. Responsible Official Telephone Number: Telephone: (954) 747-7599 Fax: (954) 747-9878. Ext 1018

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 1

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>4/95</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? 0

How many dryers/reclaimers do you have on-site? 0

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

468 gallons (You must fill this in)

(b) If less than 12 months, how many? [] months

Check why it is less than 12 months: New owner: [] Did not keep records: []

New store: [] New machine []

Unopened store [] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Robert Wenders DH
Print name of responsible official

[Signature]
Signature

11/20/01
Date

Dibble, Dickson

From: Robert M. Wenderott [rmwenderott@dcimg.com]
Sent: Thursday, March 22, 2007 9:03 AM
To: Dibble, Dickson
Cc: Bowman, Sandy
Subject: RE: Expired Permits

PAT -
AIRS ID# 0112347-002
STATUS: TO INACTIVE

R.

Dick,

It was also a pleasure speaking with you yesterday, and I thank you for your help and assistance with the renewal process. I have instructed the Regional Managers to complete the forms as required and return to you ASAP.

As discussed with you during our phone conversation, I would also like to confirm that we do not operate as a plant at the following locations:

72138	Kendall 107	9069 SW 107th Ave.	Miami FL 33176
-------	-------------	--------------------	----------------

Store # 72138 ceased operations and had all Dry cleaning equipment and chemicals removed during August 2006

72205	Pembroke Pines	136 S. Flamingo Rd.	Pembroke Pines FL 33027
-------	----------------	---------------------	-------------------------

Store # 72205 ceased operations and had all Dry cleaning equipment and chemicals removed during June 2006

Again thanks for your help, and if I can be of any further assistance please don't hesitate to call me.

Best regards,

Robert.

Senior Projects Manager
DCI Management Group Ltd
Tel: 954-747-7599 Ext.111
Fax:954-747-9878

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: Wednesday, March 21, 2007 3:19 PM
To: Robert M. Wenderott
Cc: Bowman, Sandy
Subject: Expired Permits

Dear Mr. Robert Wenderott,

It was a pleasure to speak with you today regarding the Perchloroethylene Dry Cleaner Air General permits (entitlement to operate) for your various facilities and the renewal process. I have attached your original spreadsheet and included the expiration dates, annual fee payment status, as well as the AIRS ID # for each of your facilities. Air General Permits are valid for a period of five (5) years.

Below you will find the link to the subject item registration form. You may download and print the form(s) from there. If you are Responsible Official, please complete the form, print your name, sign your name, and date the last page of the form. The form itself begins on page 14 and ends on page 17. Pages 1-13 provide an overview of the rule, and pages 18 thru 19 provide directions for completing the form.

[http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900\(2\).pdf](http://www.floridadep.org/Air/forms/titlevgp/dep62_213_900(2).pdf)

3/22/2007

Mail the signed and completed Part III of these forms as soon as possible to:

Attn: Dick Dibble
General Permits Section
Bureau of Air Monitoring and Mobile Sources, **MS 5510**
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Please keep a copy of the form(s) for your records in the event your facilities are visited by an inspector. From the date your form(s) are received, your application(s) will proceed thru a 30 day review period. Please fill out the form(s) completely and according to the characteristics of each of your facilities. Please don't forget to sign and date the form(s).

DO NOT SEND MONEY! Do not send money. Each of your facilities has been individually invoiced and you can review the spread sheet for those facilities which have not submitted payment.

Thank you for your prompt attention in this matter. Call me if you have any questions.

Sincerely,

Dickson E. Dibble

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
NOV 26 2011
Bureau of Air Management
Mobile Services

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Dryclean USA.</i>
2. Site Name (For example, plant name or number): <i># 72205</i>
3. Hazardous Waste Generator Identification Number: <i>FLD982102402.</i>
4. Facility Location: Street Address: <i>136 S. Flamingo Road</i> City: <i>Pembroke Pines, FL</i> County: <i>Broward</i> Zip Code: <i>33027</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0112347-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Robert Wenderott</i> Title: <i>Senior Project Manager</i>
7. Responsible Official Mailing Address: <i>Dryclean USA</i> Organization/Firm: <i>7771 W. Oakland PK Blvd Suite 201</i> Street Address: City: <i>Sunrise, FL</i> County: <i>Broward</i> Zip Code: <i>33351.</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 747-7599</i> Fax: <i>(934) 747-9878.</i> <i>EX 1018</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
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Facility Information

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_____	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	<u>SAME</u>
_____	Existing/New	RC / CA / None required	_____
_____	Existing/New	RC / CA / None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [0]

How many dryers/reclaimers do you have on-site? [0]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

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_____	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	<u>SAME</u>
_____	Existing/New	RC / CA / None required	_____
_____	Existing/New	RC / CA / None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[468] gallons (You must fill this in)

(b) If less than 12 months, how many? [] months

Check why it is less than 12 months: New owner: [] Did not keep records: []

New store: [] New machine []

Unopened store [] (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating: 20

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
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Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Robert Wendler DTH
Print name of responsible official

[Signature]
Signature

11/20/01
Date

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

454967 SEP 26 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 112347 1stC
DRYCLEAN USA - PEMBROKE PINES
#11205
136 S Flamingo Rd
PEMBROKE PINES, FL 33027

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

RECEIVED
SEP 26 2005
Bureau of Air Monitoring
& Mobile Sources
DEPT ENVIR

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# TT2347 TO
DRYCLEAN USA - PEMBROKE PINES
#11205
136 S Flamingo Rd
PEMBROKE PINES, FL 33027

72205
6112347

453537 JUN 10 2005
RECEIVED
JUN 15 2005
Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435608 JAN23 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

435608
ROBERT WENDEROTT
DRYCLEAN USA - PEMBROKE PINES
#11205
7771 W OAKLAND PARK BLVD #201
SUNRISE FL 33351

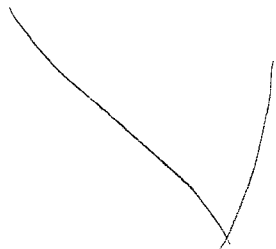
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

JAN 26 2004

RECEIVED

10



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>John Shoo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> AIRS ID# 112347 3rd Cert04 DRYCLEAN USA - PEMBROKE PINES #11205 136 S Flamingo Rd PEMBROKE PINES, FL 33027 </div>		B. Received by (Printed Name) _____ C. Date of Delivery 4/11/05	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7004 2510 0002 3939 8214	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™										
CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)										
For delivery information visit our website at www.usps.com										
OFFICIAL USE										
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Postage</td> <td style="width: 20%;">\$</td> <td rowspan="4" style="width: 50%; vertical-align: middle; text-align: center;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Postmark Here	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		
Postage	\$	Postmark Here								
Certified Fee										
Return Receipt Fee (Endorsement Required)										
Restricted Delivery Fee (Endorsement Required)										
AIRS ID# 112347 3 rd Cert04 DRYCLEAN USA - PEMBROKE PINES #11205 136 S Flamingo Rd PEMBROKE PINES, FL 33027										
PS Form 3800, June 2002 See Reverse for Instructions										

7004 2510 0002 3939 8214

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
Total Postage AIRS ID#0112347.....2 nd Cert 05 DRYCLEAN USA - PEMBROKE PINES	
Sent To #11205 Street, Apt. # or PO Box No. 136 S Flamingo Rd City, State, Z. PEMBROKE PINES, FL 33027	
PS Form 3800, June 2002 See Reverse for Instructions	

6560 6666 2000 3939 0959
 7004 2510 0002 3939 0959


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:

AIRS ID#0112347.....2nd Cert 05
 DRYCLEAN USA - PEMBROKE PINES
 #11205
 136 S Flamingo Rd
 PEMBROKE PINES, FL 33027

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X  Addressee
- B. Received by (Printed Name) Date of Delivery
- 3/9/05
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

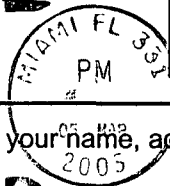
3. Service Type
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7004 2510 0002 3939 0959

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS PERMIT NO. 5820
Permit No. G-10

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 3510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

MAR 7 2005

CEIVEI

32399+2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0112347
DRYCLEAN USA - PEMBROKE PINES #11205
ROBERT WENDEROTT
7771 W OAKLAND PARK BLVD #201
SUNRISE FL
33351

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Mail
& Mobile Services

JAN 22 2003

RECEIVED

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID# 112347 1stC DRYCLEAN USA - PEMBROKE PINES #11205
Sent To	136 S Flamingo Rd PEMBROKE PINES, FL 33027
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, June 2002 See Reverse for Instructions	

7004 2510 0002 3939 3738

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 112347 1stC
DRYCLEAN USA - PEMBROKE PINES
#11205
136 S Flamingo Rd
PEMBROKE PINES, FL 33027

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Juliana Santa maria* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/7/05

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

3. Service Type

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

Restricted Delivery? (Extra Fee)

Yes

7004 2510 0002 3939 3738

2. Article Number

(Transfer from service label)

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE FLORIDA 32399-2400

Handwritten: A. W. Stone Source

FEB 10 2005

RECEIVED





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112347
DRYCLEAN USA - #11205
ROBERT WENDEROTT
7771 W OAKLAND PARK BLVD #201
SUNRISE FL
33351

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

413019