

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 28, 2000

Mr. Nicolas Sanchez
Lady Liberty Dry Cleaners
2271 Coral Way
Miami, Florida 33145

Re: Facility No.: 0250927-002

Dear Mr. Sanchez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 2000.


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. Mallika Muthiah, Dade County

RECEIVED

JUN 26 2000

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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): Niyol Investments Inc.
2. Site Name (For example, plant name or number): Lady Liberty Dry Cleaners
3. Hazardous Waste Generator Identification Number: FLD 984 184 135
4. Facility Location: Street Address: 2271 Coral Way City: Miami County: Dade Zip Code: 33145
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0250927-002

Responsible Official

6. Name and Title of Responsible Official: Name: Nicolas Sanchez Title: Vice President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2271 Coral Way City: Miami County: Dade Zip Code: 33145
8. Responsible Official Telephone Number: Telephone: (305) 854 1044 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Nicolas Sanchez & GIOVANNY HARADIAGA
10. Facility Contact Address: Street Address: Same As Above City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (305) 632 2285 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")
12/90	Existing	None required	
	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? []

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

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	RC/CA/None required	
	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?

[0] gallons (You must fill this in)

(b) If less than 12 months, how many? [< 1] months

Check why it is less than 12 months: New owner: [X] 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 checked="" 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 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? 1

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 _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

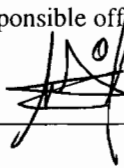
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

Nicolas Sanchez

Print name of responsible official

Signature



Date

6/15/00

City of Miami



R/LDTL, FCN: CM CUST 418623 BUSS 148873 DTL 2 LICENSE DETAIL

----- LICENSE HOLDER -----		----- BUSINESS DATA -----	
NAME	NIYOL INVESTMENTS INC	BUSS.	NIYOL INVESTMENTS INC
ADDR 1	2276 SW 22 ST	ADDR 1	2276 SW 22 ST
ADDR 2	2271	ADDR 2	
CITY/ST	MIAMI FL	CITY/ST	MIAMI FL
PHONE	ZIP 33145	PHONE	305 8541044 ZIP 33145
		HOLDS	LIC ID HOLD

----- LICENSE INFORMATION -----
 PE 1280 00 CLOTHING: DRY CLEANING RETAIL
 STATUS 0 ACTIVE USER HOLD
 SYSTEM HOLD C CU/AU HOLD
 APPLICATION DATE..... 60900 MEMO N RATE CODE M022
 LICENSE ISSUE DATE.....
 LICENSE CREATE DATE..... 60900
 LICENSE EXPIRATION DATE.....

DISCOUNT: IND AMT		BILLING INFORMATION	
	T/C	BILLING CYCLE...	AN BILL CODE.. CO
		NXT BILL DTE	60900 AMT 38.85
		LST BILL DTE	AMT 102.50
		BAL DUE	102.50 BILL 474776
MODE INF. BOARD NOTIF.	N		
CLASS			
TERMS 00	STICKERS 00	SPECIAL APPLIC	N C.U./A.U. REQ Y

@

2271 SW 84 ST Miami 33145

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT
PLAN REVIEW SECTION

PLAN PROCESSING No. _____

REVIEW TYPE	APPROVED	DATE	APPROVED	DATE
ENV. CORE			<i>[Signature]</i>	6/2/00
FLOOD PLAIN				
INDUSTRIAL FAC.				
ASBESTOS				
PAVING / DRAINAGE				
STORAGE TANK				
INDUSTRIAL WASTE				
WATER SUPPLY				
WASTEWATER				
AIR	<i>D. Jim</i>	6/15/00		
AGRICULTURAL				
AIRPORT				
UPLAND & F.W. R.				
OTHER				

* PERMIT NOT VALID UNTIL DEPARTMENTAL APPROVAL IS ISSUED BY PLAN REVIEW SECTION.

01- 4115-007-0050

w/s Acc # 0224046215

No Cos

33 SW 2 Ave - Air Section
9th Floor



BEST AVAILABLE COPY



MIAMI-DADE COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd Ave. Suite 900
Miami, FL 33130-1540
(305)372-6925 (305)372-6954 fax

TITLE V AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION

Joe Lee

FACILITY OWNER/COMPANY NAME Nicolas Sanchez

SITE NAME: Lady Liberty AIRS ID# 0250927

FACILITY LOCATION 2271 Coral Way

TYPE OF FACILITY: Pene DC

RESPONSIBLE OFFICIAL: Nicolas Sanchez PHONE NUMBER: _____

YOU ARE HEREBY NOTIFIED that on 1/24/03 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this NOTICE, CEASE and DESIST from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
Part II (2)(b)	Owner of facility has failed to renew annual operation permit.	Submit payment of permits fee (\$50) including penalty fee (\$25)	7 Days

GLOBAL EXPRESS MONEY ORDER

PAYABLE THROUGH North American Banking Company, MN 75-1555 912

190576430

\$75 DOL 50 OCTS
SEVENTY FIVE AND 00/100 DOLLARS

NOT VALID OVER FIVE HUNDRED DOLLARS (\$500.00)

PAY TO THE ORDER OF DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT

AIRS # 0250927

FOR AND FIVE LLC
8159 1 02/11/03

PURCHASER'S SIGNATURE FOR DRAWER: [Signature]

RE-INSPECTION

YES NO

including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): Cynthia Fernandez

Section: Air Facilities Date: 1-24-03

Signature: [Signature]

Received By (please print): NICOLAS SANCHEZ

Title: OWNER Date: 1-24-03

Signature: [Signature]

Miami-Dade County and Chapter 62
of the Code of Miami-Dade County,

RECEIVED

AUG 8 2003

RECEIVED

JUL 30 2003

Bureau of Air Monitoring
& Mobile Sources
PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

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):	Lady Liberty INC.
2. Site Name (For example, plant name or number):	Lady Liberty Dry Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: County: Zip Code:	2271 CORAL WAY MIAMI MIAMI DAD 33145
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250927-002

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	MARIA SUAREZ (wife) Vice President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	2271 CORAL WAY MIAMI MIAMI DAD 33145
8. Responsible Official Telephone Number: Telephone: Fax:	(305) 854 1044 (305) 854 1044

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE
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")
12-90	Existing/New	RC/CA/None required	
	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? []

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

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	RC/CA/None required	
	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?

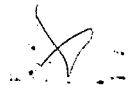
[15] gallons (You must fill this in)

(b) If less than 12 months, how many? [4] months

Check why it is less than 12 months: New owner: [X] 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 checked="" 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 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? 1

For each boiler, indicate its horsepower (HP) rating: 90

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.

MARIA SUAREZ
Print name of responsible official


Signature

7/26/03
Date

file SB
8/18/2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459240 FEB24 2006

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# 250927 1st
LADY LIBERTY
2271 CORAL WAY
MIAMI, FL 33145

Bureau of Air Monitoring
& Mobile Sources
FEB 27 2006

RECEIVED

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

446806 FEB17 2005

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# 250927 1stC
LADY LIBERTY
2271 CORAL WAY
MIAMI, FL 33145

Bureau of Air Monitoring
& Mobile Sources
FEB 21 2005

RECEIVED

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

Printed on recycled paper.

7003 0500 0004 0144 6385

CERTIFIED MAIL™ RECEIPT*(Domestic Mail Only; No Insurance Coverage Provided)*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)		
AIRS ID# 250927 1stC		
St	LADY LIBERTY	
St	2271 CORAL WAY	
or	MIAMI, FL 33145	
City		
PS Form 3800, June 2002		See Reverse for Instructions

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# 250927 1stC
LADY LIBERTY
2271 CORAL WAY
MIAMI, FL 33145

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 6385

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Maria Secorez Agent Addressee

B. Received by (Printed Name)

Maria Secorez

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No*2-7-05*

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-1011

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435359 JAN16 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

250927
MARIA SUAREZ
LADY LIBERTY
2271 CORAL WAY
MIAMI FL 33145

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

RECEIVED
JAN 23 2004
Bureau of Air Mail
& Money Sol

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7000 1670 0013 3108 7479

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Receipt
 Postmark Here

10 AIRS ID # 0250927001AG
 RENE RAFFO
 LADY LIBERTY
 2271 CORAL WAY
 MIAMI FL
 33145

PS Form 3811, March 2001 See Reverse for Instructions

PLACE STICKER AT TOP TO THE RIGHT OF RETURN ADDRESS

- 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:

10 AIRS ID # 0250927001AG
 RENE RAFFO
 LADY LIBERTY
 2271 CORAL WAY
 MIAMI FL
 33145

2. Article Number
 (Transfer from service label)

70001670001331087479

COMPLETE THIS SECTION ON DELIVERY

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

NICOLAS J. SANCHEZ

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

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0250927	
3 LADY LIBERTY 3 NICHOLAS SANCHEZ 3 2271 CORAL WAY 3 MIAMI FL 3 33145	
PS Form 3811, January 2001 (See reverse for instructions)	

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#0250927

 LADY LIBERTY
 NICHOLAS SANCHEZ
 2271 CORAL WAY
 MIAMI FL
 33145

2. Article Number

(Transfer from service label) 7001 0320 0001 7975 4604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X NICHOLAS SANCHEZ 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

3-8-03

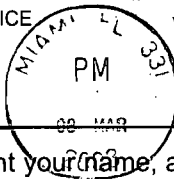
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

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 •

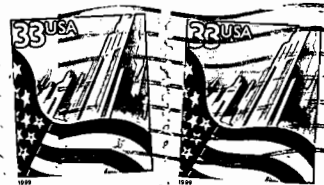
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 12 2005

RECEIVED

To BERGSON
2666 E Atlantic Blvd
Panama Beach
FL 32062



General Permits Section
Bureau of Air Monitoring and Mabel Seares MS 557D
Department of Environmental Protection
26 Blair Stone Road
TALLAHASSEE FL 32309-2400

32300/9999



SENDER COPY **NON DELIVERY**

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#0250927

LADY LIBERTY
NICHOLAS SANCHEZ
2271 CORAL WAY
MIAMI FL
33145

2. Article Number (Copy from service label)
70001670001331092268

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

C. Signature _____

Agent
 Addressee

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.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total _____

AIRS ID#0250927

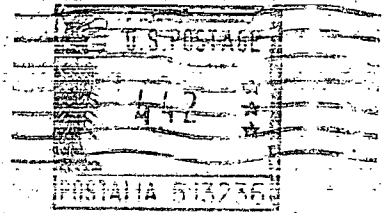
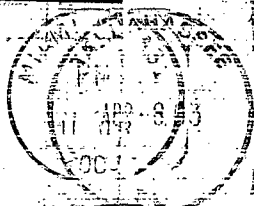
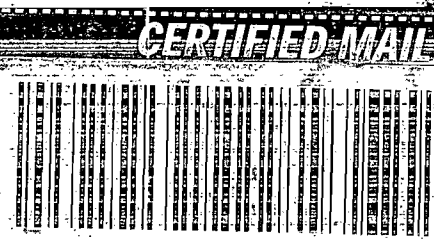
Sent To: LADY LIBERTY
NICHOLAS SANCHEZ
Street: 2271 CORAL WAY
MIAMI FL
City: 33145

Postmark Here

7000 1670 0001 3310 9226 8

5510 5521

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



BAMMS/DCO
JOEY ROBERTS
5510

DO NOT REMOVE

AIRS ID#0250927

LADY LIBERTY
NICHOLAS SANCHEZ
2271 CORAL WAY
MIAMI FL 33145

- Bureau of Air Monitoring & Mobile Sources
- Not Deliverable As Addressed
 - Unable To Forward
 - Insufficient Address
 - Moved, Left No Address
 - Unclaimed Refused
 - Attempted - Call Person
 - No Such Street or Number
 - Vacant Illegible
 - No Mail Receipts
 - Box Closed - No Order
 - Returned For Better Address
 - Postage Due

APR 15 2003
 RECEIVED