



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 18, 2002

Mr. Leo Reina
Star Cleaners
3745 Ulmerton Road
Clearwater, Florida 34622

Re: Facility No.: 1030354-002

Dear Mr. Reina:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 14, 2002.

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,

Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Best time to reach is 11:00 AM

1/22/02 Called + left message for Leo. Reine

1/30/2002 Called + left message

Fee Paid 96-01

SOC 5

Compliance IN

**BOARD OF COUNTY
COMMISSIONERS**

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RECEIVED
APR 21 2005
Bureau of Air Monitoring
& Mobile Sources

April 19, 2005

Sandra Bowman
General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

~~FILE~~
For
FILE

Re: Star Cleaners, Inc., dba Star Cleaners - Feather Sound - 1030354-002-AG

Ms. Bowman,

Based on an April 12, 2005 inspection at Star Cleaners, Inc., dba Star Cleaners - Feather Sound, located at 3745 Ulmerton Road, Clearwater, FL this facility is considered shutdown for Perchloroethylene dry-to-dry operations. Inspection findings indicate that:

- 1) The percloroethylene processing equipment and boiler have been removed. A new drycleaner drop-off store is now operating from this location under the name McNatt's Cleaners.
- 2) Air Quality is unaware of any correspondence from the owner requesting the permit be rescinded.
- 3) The new operation is considered exempt from air permits.
- 4) Air Quality intends to deactivate this facility from its tracking files and awaits confirmation from your office that it has been deactivated in the ARMS system.

Should you have any questions relative to this facility's operations please contact the assigned inspector Shea Jackson. If you wish to contact me directly, please call suncom 570-4422, or by email at mmccann@co.pinellas.fl.us.

Sincerely,

Matt McCann, Environmental Program Manager
Air Quality Division

cc: RF, PF (103 0354)

\\AIR_QUALITY\VOL1\users\wpdocs\airqual\Air_Compliance\AQC\0354
GPVShutdown_slj.doc

PLEASE ADDRESS REPLY TO:
300 S. Garden Avenue
Clearwater, Florida 33756
Phone: (727) 464-4422
FAX: (727) 464-4420
TDD: (727) 464-4106
Website: www.pinellascounty.org



Bowman, Sandy

From: McCann, Matthew [mmccann@co.pinellas.fl.us]

Sent: Monday, April 18, 2005 3:44 PM

To: Bowman, Sandy

Cc: Robbins, Gary; Jackson, Shea

Star Cleaners, Inc. , Permit No. 1030354-002 AG, located at 3745 Ulmerton Road, Clearwater, FL 33762, has discontinued its Dry Cleaning Operations. Air Quality inspected this facility on 4/12/2005. The perchloroethylene processing equipment and boiler have been removed. A new drycleaner drop-off store is now operating from this location under the name McNatt's Cleaners.

Star Cleaner's responsible official was a Mr. Leonard Reina. Air Quality has not received any copies of letters from Mr. Reina notifying your department of his desire to rescind his permit. Inspection records indicate the facility's responsible official had been informed during an earlier inspection on the procedures for proper notification to rescind his permit. Apparently, Mr. Reina had indicated he was planning to sell his business.

Air Quality intends to inactivate this facility's General Permit from our files, pending feedback from you.

Please note that Star's permit does not expire until 2/14/2007.

Matt McCann

Environmental Program Manager

300 South Garden Ave.

Clearwater, FL 33756

727-464-4422

mmccann@co.pinellas.fl.us

4/19/2005

1030354-002

2/6/2002

Spoke with Leo Reina and he stated that the boiler is rated at 20 horsepower.

Page 16

5. add horsepower (HP) for boiler.

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")
Feb 10 th 1997	Existing/ <u>New</u>	<u>RC</u> /CA/None required	SAME
_____	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?

45 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)

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JAN 14 2002
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):	Stars of Clearwater Inc		
2. Site Name (For example, plant name or number):	Star Cleaners - Feather Sound		
3. Hazardous Waste Generator Identification Number:	FIDCESQG		
4. Facility Location:	Street Address: 3745 Wimerston Rd City: Clearwater County: Pinellas Zip Code: 34622		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030354-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: Leo Reina Title: Pres.		
7. Responsible Official Mailing Address:	Organization/Firm: Star Cleaners Street Address: 3745 Wimerston Rd City: Clearwater County: Pinellas Zip Code: 33723		
8. Responsible Official Telephone Number:	Telephone: (727) 572-4892 Fax: () -		

Facility Contact (If different from Responsible Official)

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

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:

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.

Leonard Reina

Print name of responsible official

Leon Reina

Signature

1-9-02

Date

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7003 0500 0004 0144 4848

Postage \$ _____
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 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here

AKS ID # 1030354
 Sent To STAR CLEANERS
 LEO REINA
 Street, Apt. No., or PO Box No. 3745 ULMERTON ROAD
 City, State, ZIP+4 CLEARWATER, FL 33723

1030354

PS Form 3800, July 2001
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:
 AKS ID # 1030354
 STAR CLEANERS
 LEO REINA
 3745 ULMERTON ROAD
 CLEARWATER, FL 33723

COMPLETE THIS SECTION ON DELIVERY

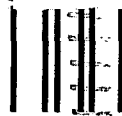
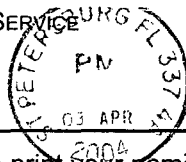
A. Signature Agent
 X Carol Reina Addressee
 B. Received by (Printed Name) Carol Reina
 C. Date of Delivery 4/3/04
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7003 0500 0004 0144 4848

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USPS
Permit No. G-10

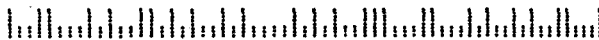
• Sender: Please print your name, address, and ZIP+4 in this box •

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

APR 5 2004

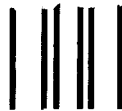
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OFFICIAL USE	
Postage \$	2 nd Ct Postmark Here 2003
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 1030354
Sent To	LEO REINA
	STAR CLEANERS
Street, Apt. N or PO Box No.	3745 ULMERTON ROAD
City, State, Z	CLEARWATER, FL 33723
PS Form 3800, June 2002 See Reverse for Instructions	

<p>SENDER: COMPLETE THIS SECTION</p> <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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> LEO REINA STAR CLEANERS 3745 ULMERTON ROAD CLEARWATER, FL 33723 </div> <p>2. Article Number</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> 7003 0500 0004 0144 8181 </div>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Carol Bene</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 0111</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	

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TALLAHASSEE, FLORIDA 32399-2400

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

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Total Postage ID# 1030354
 LEO REINA
 STAR CLEANERS
 3745 ULMERTON ROAD
 CLEARWATER, FL 33723

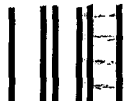
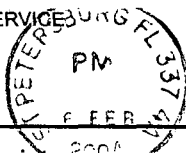
Sent To
 Street, Apt. #
 or PO Box #
 City, State, Z

PS Form 3800, June 2002 See Reverse for Instructions

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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 1030354 LEO REINA STAR CLEANERS 3745 ULMERTON ROAD CLEARWATER, FL 33723 </div>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery D. Wildridge 2/16/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5650 9912 </div>	

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UNITED STATES POSTAL SERVICE



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MAIL STATION 5510
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TALLAHASSEE, FLORIDA 32399-2400

FEB 2004
Bureau of Air Monitoring
Sources



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.

421073 DEC24 2002

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1030354
STAR CLEANERS LEO REINA 3745 ULMERTON ROAD CLEARWATER FL 33723

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring & Mobile Sources

JAN 02 2003

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.

438411 APR16 2004

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID #1030354
STAR CLEANERS LEO REINA 3745 ULMERTON ROAD CLEARWATER, FL 33723

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: BI
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Monitoring & Mobile Sources

APR 21 2004

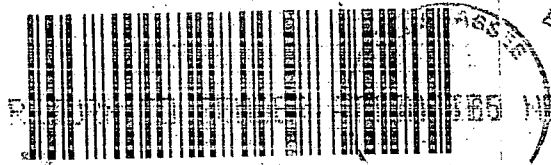
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1030354-25.00

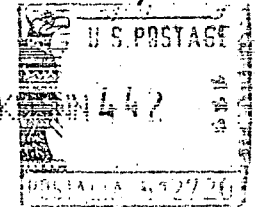
MS# 5590 MC Acct # 5527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7004 2510 0004 6786 6880



AIRS ID# 1030354-3rd Cert04
STAR CLEANERS
3745 Ulmerton Rd
CLEARWATER, FL 33762

ATTEMPTED DELIVERY
NO SUCH NUMBER
ROUTE NO. CARR/INITIALS PA DATE 4/11/05

RECEIVED
APR 11 2005
Bureau of Air Mail
& Mobile Services

33762+4209-07

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AIRS ID# 1030354 3rd Cert04
 STAR CLEANERS
 3745 Ulmerton Rd
 CLEARWATER, FL 33762

2. Article Number
 (Transfer from service label)

7004 2510 0004 6986 6880

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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A. Signature
 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. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0004 6986 6880

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

ti AIRS ID# 1030354 3rd Cert04
 STAR CLEANERS
 3745 Ulmerton Rd
 CLEARWATER, FL 33762

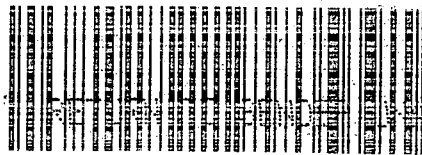
See Reverse for Instructions

PS Form 3800, June 2002

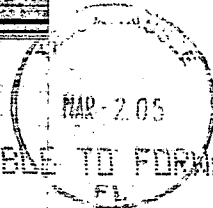
MS# 5510 MC Acct # 5524

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

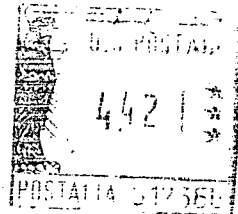
GERNIEDEVAL



7004 2510 0002 3939 7897



PLEASE TO FORWARD



AIRS ID# 1.03035e+006... 2nd Cert-05
STAR CLEANERS
3745 Ulmerton Rd
CLEARWATER, FL 33762

Handwritten signature

RETURNED TO SENDER
UNDELIVERED
NO. CAR/INITIALS DATE



Bureau of Air Monitoring
& Mobile Sources

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MAR 9 2005

33762+4209 07

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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#1.03035e+006 2nd Cert 05
 STAR CLEANERS
 3745 Ulmerton Rd
 CLEARWATER, FL 33762

COMPLETE THIS SECTION ON DELIVERY

- A. Signature _____ 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. 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
 (Transfer from service label)

7004 2510 0002 3939 7897

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
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 (Domestic Mail Only; No Insurance Coverage Provided)
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OFFICIAL USE

7004 2510 0002 3939 7897

Postage	\$
Certified Fee	
* Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

1030354-002

Sent To AIRS ID#1.03035e+006 2nd Cert 05
 STAR CLEANERS
 Street, Apt. No., or PO Box No. 3745 Ulmerton Rd
 CLEARWATER, FL 33762
 City, State, ZIP+4

PS Form 3800-01

5510

5521

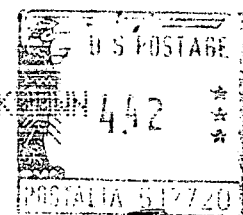
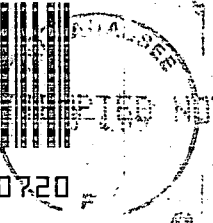
MS# _____ MC Acct # _____

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7004 2510 0002 3939 0720



AIRS ID# 1030354 1stC
STAR CLEANERS
3745 Ulmerton Rd
CLEARWATER, FL 33762

MA

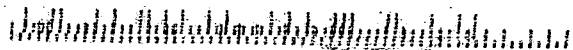
ATTEMPTED NOT
NO SUCH NUMBER
ROUTE

CAR/INITIALS

MA
BIRBAUM, ALF. MONITOR
J. MULLER, SPT. SEC.

RECEIVED
FEB 16 2005

33762+4209 07 2400



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THIS ADDRESS LABEL

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# 1030354 1stC
 STAR CLEANERS
 3745 Ulmerton Rd
 CLEARWATER, FL 33762

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 0720

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.G.D.

4. Restricted Delivery? (Extra Fee) Yes

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

7004 2510 0002 3939 0720

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage:		

AIRS ID# 1030354 1stC
 Sent To STAR CLEANERS
 3745 Ulmerton Rd
 CLEARWATER, FL 33762
 Street, Apt. No., or PO Box No.
 City, State, ZIP+