

Let's Move Florida LLC
dba College Hunks Hauling Junk
(NAME OF COMPANY)

CHECKLIST FOR A COMMERCIAL REFUSE LICENSE

The following is a list of documentation included in this package:

- ☒ Application for commercial hauler license

Service information to include the following data:

- ☒ Area(s) of Orange County to be serviced
- ☒ Number of employees
- ☒ Number of commercial vehicles to be used in the business
- ☒ Truck numbers and tare weights of each vehicle
- ☒ Vehicle registration(s)

Certificate of Insurance issued to Orange County showing:

- ☒ Orange County shall be named as an additional insured & certificate holder on all liability policies.
- ☒ General Liability – in an amount not less than \$1,000,000 per occurrence
- ☒ Workers' Compensation as required by Florida Statue Chapter 440.
- ☒ Pollution Legal Liability including coverage for bodily injury and property damage as well as cleanup and defense costs with limits of not less than \$1,000,000 per loss.
- ☒ Vehicle Insurance – in an amount not less than \$1,000,000 per accident.

Orange County Local Business Tax Receipt

- ☒ (formerly called Occupational License)

License Fee:

- ☐ \$ 25.00 3 or less employees
- ☒ \$200.00 4 to 10 employees
- ☐ \$350.00 11 or more employees

**APPLICATION FOR COMMERCIAL REFUSE LICENSE
COUNTY OF ORANGE, FLORIDA**

Please Check the Services Your Company Provides:

- ☒ Multifamily - Collection of solid waste from residential dwellings and mobile home parks not under the franchise system.
- ☐ Construction & Demolition - Collection of Construction and Demolition debris only.
- ☐ Other Commercial - Collection and/or processing of solid waste from commercial generators not covered under (1) or (2) above.

UNDER THE PROVISIONS of Orange County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto, the following information is required.

COMPANY NAME: Let's Move Florida LLC dba
(FULL name of company include LLC, Inc etc.)

TRADE / FIRM NAME OF COMPANY: College HUNKS Hauling Junk

MAILING ADDRESS: P.O. Box 941724

CITY / STATE / ZIP CODE: Maitland, FL 32794

PHONE NUMBER: 407-718-2599 FAX: _____

CONTACT PERSON: Bill McKay

E-MAIL ADDRESS: billmc42@gmail.com

EMERGENCY PHONE NUMBER: 386-479-6967

NUMBER OF EMPLOYEES: 10

LOCATION OF EQUIPMENT:

ADDRESS: 6105 Cyril Avenue

CITY / STATE / ZIP: Orlando, FL 32809

HOURS OF OPERATION: 7am to 7pm

DAYS OF OPERATION: 7 days

APPLICATION FOR COMMERCIAL REFUSE LICENSE COUNTY OF ORANGE, FLORIDA

If a joint venture or partnership, list the names of all partners and their permanent addresses. If a corporation, list the names and permanent address of corporate officers, and their percentage of participation in the space below; if more space is required, attach a separate sheet.

	Name	Office Held	Permanent Address	% Owned
a.	William McKay	President	P.O. Box 941724 Maitland, FL 32794	100%
b.				
c.				
d.				
e.				

I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES ☒

NO ☐

I certify that the aforesaid company owns or has under its control, in good mechanical repair and condition, sufficient equipment to adequately conduct the business of commercial refuse collection and all such equipment meets the requirements of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES ☒

NO ☐

I have read, understand and am willing to comply with the provisions of the County's Solid Waste Collection and Disposal Ordinance and all applicable rules and regulations.

Maura Pats
Signature of Authorized Representative

9/9/2024
Date

Vice President
Title

Home Address 293 South Street

City / State / Zip Fern Park, FL 32730

College HUNKS Hauling Junk
NAME OF COMPANY

SERVICE INFORMATION

Please complete the following and return with the application:

- ♦ Area(s) of Orange County you plan on servicing:

All of Orange County

- ♦ Number of employees: 10

- ♦ Number of commercial vehicles to be used in the business: 9

- ♦ Truck numbers, tag numbers and tare weights of each vehicle:

<u>TRUCK #</u>	<u>TAG #</u>	<u>TARE WEIGHT</u>
#11 - Spartans	IDFL94	11,020 lbs
#22 - Knights	Y91NLA	11,120 lbs
#33 - Bulls	HGGR05	11,300 lbs
#44 - Sharks	IUAV45	11,120 lbs
#55 - Lions	34AWIA	11,140 lbs
#66 - Rays	NKJQ81	10,580 lbs
#77 - Falcons	KYDP80	8,080 lbs
#88 - Raiders	KEQW79	8,080 lbs
#99 - Owls	GYSV89	8,080 lbs

APPLICATION FOR COMMERCIAL REFUSE LICENSE
COUNTY OF ORANGE, FLORIDA

AFFIDAVIT

(to be attested before a Notary Public or other
officer authorized to administer oaths)

STATE OF Florida

COUNTY OF Orange

Personally appeared before me, an officer duly qualified to administer an oath in the City of Orlando, State of Florida, known to me to be the person herein described and subscribing hereto, and on oath deposes and says that the statements made are true and correct.

Signature of Applicant [Signature]

Sworn to and subscribed before me, this 27th day of September, 2024

Emily S DelValle
(Notary Public)

Emily S. DelValle

My Commission Expires: 05-24-2025





UTILITIES DEPARTMENT • SOLID WASTE DIVISION
5901 Young Pine Road • Orlando, Florida 32829
Telephone 407-836-6601 • Fax 407-836-6658

February 28, 2024

EMAILED

Greetings:

Enclosed is an application for an Orange County Commercial Refuse License. After the Solid Waste Division receives the completed application and requested documentation, the normal processing time is 6-8 weeks or longer. You will be notified when your license has been approved.

Section 32-177 of the Orange County Code states that "It is unlawful for any person to collect or transport solid waste for hire or for remuneration or other consideration in any form without first being granted a commercial license."

In compliance with the existing requirements of the Orange County Code Chapter 32, the following documentation must be completed and submitted:

- ☒ Completed application
- ☒ Vehicle registration(s)
- ☒ Updated copy of your Orange County Business Tax Receipt (*formerly Occupational License*).

Certificate of Insurance with:

- ☒ General Liability Insurance - \$1,000,000 per occurrence/ \$2,000,000 aggregate
- ☒ Business Vehicle Insurance – in an amount not less than \$1,000,000 per accident
- ☒ Workers Compensation as required by Florida Statute Chapter 440
- ☒ Pollution Legal Liability (also referred to as Commercial Auto CA 9948) with limits of not less than \$1,000,000 per loss
- ☒ Description of Operations must state the following –
Orange County is named as additional insured on liability policies
- ☒ Certificate Holder must state the following –
Orange County Florida, C/O Solid Waste Division, 5901 Young Pine Rd.,
Orlando, FL 32829
- ☒ Check made payable to Orange County Solid Waste, based on your total number of employees. The annual license fees are as follows:

\$ 25.00 – 3 or less employees
\$200.00 – 4 to 10 employees
\$350.00 – 11 or more employees

The completed application, supporting documents and payment should be mailed or delivered to:

**Orange County Solid Waste Division
Attn: Tiffany Fletcher
5901 Young Pine Road
Orlando, FL 32829**

After the items have been received, your application will be reviewed by the Solid Waste Division staff and presented to the Board of County Commissioners for review and final approval. Every five (5) years companies will be required to go back before the Board. Annual renewal is required.

It is your responsibility to comply with all applicable federal, state, and county laws, rules, regulations and all amendments.

It is also your responsibility to know the requirements of the Orange County Code Chapter 32. Attached is a copy of the section referencing commercial hauling / recycling for your convenience. If you would like view a complete copy of Orange County's Chapter 32, you may do so online by visiting: <http://library.municode.com/index.aspx?clientID=10182&stateID=9&statename=Florida>

Orange County Code includes a provision for quarterly reporting to Orange County Solid Waste. Annual reporting requirements and rates are subject to change.

If you have any questions, please call me at (407) 836-6641.

Sincerely,

Tiffany Fletcher

Tiffany Fletcher
Program Coordinator

See Attachments



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Luis Carrasquillo
Provident Protection Plus Incorporated	PHONE (A/C, No, Ext): (973) 579-6776
96 US Highway 206	FAX (A/C, No): (973) 579-0111
PO Box 4	E-MAIL ADDRESS: Luis.Carrasquillo@ProvidentProtectionPlus.com
Augusta NJ 07822	INSURER(S) AFFORDING COVERAGE
	INSURER A: Transguard Insurance Company of America Inc
	INSURER B: Nautilus Insurance Company
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2024-2025 Master 2 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary Non Contributory <input checked="" type="checkbox"/> Blanket Addl Insured - PNC & PCO GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Blanket Waiver of Subro.	Y	Y	TCP7000028-00	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp 5,000 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll 5,000	Y	Y	TCP7000028-00	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Pollution Liability			CPL2044536-10	09/01/2024	09/01/2025	General Aggregate \$2,000,000 Each Occurrence \$1,000,000 Transportation Pollution \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Orange County Florida is included as an Additional Insured to the above captioned General Liability and Business Auto Liability policies on a primary and non-contributory basis for work the insured is performing provided a written contract exists requiring such a status. Per the terms of the policy, coverage for an additional insured is contingent upon an underlying written agreement with the named insured requiring such coverage. Waiver of subrogation applies to the above General Liability and Auto Liability policies.

CERTIFICATE HOLDER

CANCELLATION

Orange County Florida, C/O Solid Waste Division 5901 Young Pine Rd Orlando FL 32829	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Luis Carrasquillo</i>
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Business Tax Search & Payment

 Shopping Cart (0)

Search Again

Business Tax Receipt ID:	1196362	Mailing Address:	COLLEGE HUNKS HAULING JUNK AND MOVING P O BOX 941724 MAITLAND, FL 32794
Location Address:	6105 CYRIL AVE		
Business:	COLLEGE HUNKS HAULING JUNK AND MOVING		
New Business Date:	05/25/2018		
Application Date:	05/25/2018		
Out of Business Date:			

2024 Account Number: 3100-1196362

Category Type	Display Name	Units	Tax	Exempt	Total Fees	Total Paid	Total Amt Due
3100	INTRASTATE MOVER	35	\$70.00	\$0.00	\$0.00	\$77.00	\$0.00
Total for 2024:			\$70.00	\$0.00	\$0.00	\$77.00	\$0.00

This Business Tax Receipt ID has been paid in full.

FLORIDA VEHICLE REGISTRATION

CO-AGY 38 2

I# 2041214765
B# 395833

PLATE **HGGR05** DECAL **18183939** Expires **Midnight Wed 12/31/2025**

YR MK	2016/ISU	BODY	TK	COLOR	WHI	Reg Tax	137.10	Class Code	41
VIN	54DC4W1C2GS807272			TITLE	124282796	Init Reg		Tax Months	12
Plate Type	RGS	NET WT	5147	GVW	14500	County Fee	2.50	Back Tax Mos	
DE FEED	011473324201					Mail Fee		Credit Class	
Date Issued	11/8/2024	Plate Issued	8/18/2016			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

IMPORTANT INFORMATION

- 1 The Florida license plate must remain with the registrant upon sale of vehicle
- 2 The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle
- 3 Your registration must be updated to your new address within 30 days of moving
- 4 Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes
- 5 I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

RGS - SUNSHINE STATE

FLORIDA VEHICLE REGISTRATION

CO-AGY 38 2

I# 2041214333
B# 395833

PLATE **IUAV45** DECAL **18183874** Expires **Midnight Wed 12/31/2025**

YR MK	2017/ISU	BODY	TK	COLOR	WHI	Reg Tax	137.10	Class Code	41
VIN	54DC4W1B5HS803323			TITLE	128580469	Init Reg		Tax Months	12
Plate Type	RGS	NET WT	5147	GVW	14500	County Fee	2.50	Back Tax Mos	
DE FEED	011473324201					Mail Fee		Credit Class	
Date Issued	11/8/2024	Plate Issued	9/28/2017			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

IMPORTANT INFORMATION

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RGS - SUNSHINE STATE

FLORIDA VEHICLE REGISTRATION

CO/AGY 38 2 I# 2041213905
B# 395833

PLATE IDFL94 DECAL 18183801 Expires Midnight Wed 12/31/2025

YR MK	2016/ISU	BODY	CB	COLOR	WHI	Reg Tax	137.10	Class Code	41
VIN	54DC4W1B1GS813121	NET WT	5147	TITLE	127105671	Init Reg		Tax Months	12
Plate Type	RGS			GVW	14500	County Fee	2.50	Back Tax Mos	
DI FEED	011473242-01					Mail Fee		Credit Class	
Date Issued	11/8/2024	Plate Issued	5/5/2017			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

IMPORTANT INFORMATION

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- 5 I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

RGS - SUNSHINE STATE

FLORIDA VEHICLE REGISTRATION

CO/AGY 38 2 I# 2041213491
B# 395833

PLATE 34AWIA DECAL 18183728 Expires Midnight Wed 12/31/2025

YR MK	2016/ISU	BODY	TK	COLOR	WHI	Reg Tax	137.10	Class Code	41
VIN	54DC4W1B1GS813118	NET WT	10600	TITLE	149338856	Init Reg		Tax Months	12
Plate Type	RGS			GVW	14500	County Fee	2.50	Back Tax Mos	
DI FEED	011473242-01					Mail Fee		Credit Class	
Date Issued	11/8/2024	Plate Issued	1/10/2023			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

IMPORTANT INFORMATION

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RGS - SUNSHINE STATE

FLORIDA VEHICLE REGISTRATION

CO AGY 38 2

F# 2041210273
B# 395833

PLATE **KEQW79** DECAL **18183225** Expires **Midnight Wed 12/31/2025**

YR/MK	2011/GMC	BODY	TK	COLOR	WHI	Reg. Tax	137.10	Class Code	41
VIN	1GD374CA3B1904499			TITLE	131955089	Int. Reg.		Tax Months	12
Plate Type	RGS	NET WT	7650	GVW	12500	County Fee	2.50	Back Tax Mos	
DI FEID	11/14/2024					Mail Fee		Credit Class	
Date Issued	11/8/2024	Plate Issued	8/14/2018			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

IMPORTANT INFORMATION

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- 5 I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

RGS - SUNSHINE STATE

Raiders

FLORIDA VEHICLE REGISTRATION

CO AGY 38 2

F# 2041210797
B# 395833

PLATE **KYDP80** DECAL **18183311** Expires **Midnight Wed 12/31/2025**

YR/MK	2011/GMC	BODY	TK	COLOR	WHI	Reg. Tax	137.10	Class Code	41
VIN	1GD374CA6B1904383			TITLE	134001647	Int. Reg.		Tax Months	12
Plate Type	RGS	NET WT	7677	GVW	12500	County Fee	2.50	Back Tax Mos	
DI FEID	11/14/2024					Mail Fee		Credit Class	
Date Issued	11/8/2024	Plate Issued	2/25/2019			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

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RGS - SUNSHINE STATE

Falcons

FLORIDA VEHICLE REGISTRATION

CO AGY 38 2

I# 2041212439
B# 395833

PLATE **GYSV89** DECAL **18183564** Expires **Midnight Wed 12/31/2025**

YR MK	2008/GMC	BODY	TK	COLOR	WHI	Reg Tax	137.10	Class Code	41
VIN	1GDJG31C181908095			TITLE	124769042	Init Reg		Tax Months	12
Plate Type	RGS	NET WT	7820	GVW	12500	County Fee	2.50	Back Tax Mos	
DE FFID						Mail Fee		Credit Class	
Date Issued	11/8/2024	Plate Issued	9/27/2016			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

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RGS - SUNSHINE STATE

Owls

FLORIDA VEHICLE REGISTRATION

CO/AGY 38 2

I# 2041215803
B# 395833

PLATE **NKJQ81** DECAL **18184102** Expires **Midnight Wed 12/31/2025**

YR/MK **2024/ISU** BODY **TK**
VIN **54DC4W1D7RS209707**
Plate Type **RGS** NET WT **10031**
DI FFID **[REDACTED]**
Date Issued **11/8/2024** Plate Issued **1/3/2020**

COLOR **WHI**
TITLE **153843398**
GVW **14500**

Reg Tax	137.10	Class Code	41
Init Reg		Tax Months	12
County Fee	2.50	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

IMPORTANT INFORMATION

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RGS - SUNSHINE STATE

Rays

FLORIDA VEHICLE REGISTRATION

CO/AGY 38 2

I# 2041215273
B# 395833

PLATE **Y91NLA** DECAL **18184009** Expires **Midnight Wed 12/31/2025**

YR/MK **2016/ISU** BODY **DP**
VIN **54DC4W1C4GS802820**
Plate Type **RGR** NET WT **10920**
DI FFID **[REDACTED]**
Date Issued **11/8/2024** Plate Issued **7/8/2016**

COLOR **ONG**
TITLE **123786760**
GVW **14500**

Reg Tax	137.10	Class Code	41
Init Reg		Tax Months	12
County Fee	2.50	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	139.60		

LET'S MOVE FLORIDA LLC
PO BOX 941724
MAITLAND, FL 32794-5045

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RGR - FLORIDA REGULAR

Knights