

**Junk It Plus LLC**  
(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: Junk It Plus LLC  
(FULL name of company include LLC, Inc etc.)

TRADE / FIRM NAME OF COMPANY: \_\_\_\_\_

MAILING ADDRESS: 2247 Northumbria Dr

CITY / STATE / ZIP CODE: Sanford FL 32771

PHONE NUMBER: 407-258-6548 FAX: \_\_\_\_\_

CONTACT PERSON: Elby Edwards

E-MAIL ADDRESS: Elby@junkitplus.com

EMERGENCY PHONE NUMBER: 407-807-0421

NUMBER OF EMPLOYEES: 15

LOCATION OF EQUIPMENT:

ADDRESS: 41 coburn ave orlando

CITY / STATE / ZIP: Orlando FL 32805

HOURS OF OPERATION: 7AM-7PM

DAYS OF OPERATION: Mon-Sat

# 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.	N/A			
b.	N/A			
c.	N/A			
d.	N/A			
e.	N/A			

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.

Signature of Authorized Representative Owner Date 7/24/24  
Title CEO

Home Address 2247 Northumbria Dr

City / State / Zip Sanford FL 32771

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.

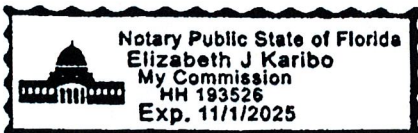
Signature of Applicant 

Sworn to and subscribed before me, this 24<sup>th</sup> day of JULY, 2024

  
(Notary Public)

Elizabeth J Karibo

My Commission Expires: 11/1/2025







UTILITIES DEPARTMENT • SOLID WASTE DIVISION

5901 Young Pine Road • Orlando, Florida 32829

Telephone 407-836-6601 • Fax 407-836-6658

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

# Business Tax Search & Payment

 Shopping Cart (0)

Search Again

Business Tax Receipt ID:

1191855

Location Address:

943 MOZART DR

Business:

JUNK IT PLUS LLC

New Business Date:

01/24/2018

Application Date:

01/24/2018

Out of Business Date:

Mailing Address:

JUNK IT PLUS LLC  
RIVERA RICARDO  
3003 PENNINGTON DR  
ORLANDO, FL 32804-3333

2024    Account Number: 3100-1191855

Category Type	Display Name	Units	Tax	Exempt	Total Fees	Total Paid	Total Amt Due
3100	DEBRIS REMOVAL	1	\$30.00	\$0.00	\$0.00	\$30.00	\$0.00
Total for 2024:			\$30.00	\$0.00	\$0.00	\$30.00	\$0.00

This Business Tax Receipt ID has been paid in full.





JUNKITP-02

BOOTHES

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/24/2024

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).

<b>PRODUCER</b> Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	<b>CONTACT NAME:</b> Stacey Boothe <b>PHONE (A/C, No, Ext):</b> (904) 596-2868 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Stacey.Boothe@ioausa.com																					
<b>INSURED</b>  Junk It Plus LLC & JIP Trucking One, LLC 3255 Clarcona Road Apopka, FL 32703	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Nautilus Insurance Company</td><td>17370</td></tr><tr><td>INSURER B :</td><td>Great Divide Insurance Company</td><td>25224</td></tr><tr><td>INSURER C :</td><td>FFVA Mutual Insurance Company</td><td>10385</td></tr><tr><td>INSURER D :</td><td>Mount Vernon Fire Insurance Company</td><td>26522</td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Nautilus Insurance Company	17370	INSURER B :	Great Divide Insurance Company	25224	INSURER C :	FFVA Mutual Insurance Company	10385	INSURER D :	Mount Vernon Fire Insurance Company	26522	INSURER E :			INSURER F :		
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INSURER F :																						

## COVERAGES

## CERTIFICATE NUMBER:

## 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ECP204116110	8/18/2023	8/18/2024	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 - COM/OP AGG \$ 2,000,000 CPL \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP204116210	8/18/2023	8/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			FFX204159910	10/3/2023	8/18/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ Aggregate \$ 2,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC84008109452024A	1/18/2024	1/18/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	<input checked="" type="checkbox"/> Property			CF2570220	10/19/2023	10/19/2024	BPP & Tenants Better \$ 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as additional insured with respect to general liability including ongoing and completed operations on a primary basis as required by written contract or agreement per forms ECP 1246 01 21 and ECP 1248 0121. Certificate holder is included as additional insured with respect to automobile liability on a primary basis as required by written contract or agreement per forms BSUM CA 06 02 13 and CA 04 49 11 16. Waiver of subrogation provided with respect to general liability, automobile liability, and workers' compensation as required by written contract or agreement per forms ECP 1260 0121 and CA 04 44 10 13. CPL \$1,000,000 is Contractor's Pollution Liability

## CERTIFICATE HOLDER

## CANCELLATION

Orange County Florida c/o Solid Waste Division 5901 Young Pine Road 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  
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## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY <b>Insurance Office of America</b>		NAMED INSURED <b>Junk It Plus LLC &amp; JIP Trucking One, LLC</b> 3255 Clarcona Road Apopka, FL 32703	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Property  
Carrier: Mount Vernon Insurance Company  
Policy #CF2570220  
Effective: 10/19/2023 to 10/19/2024  
Special, Excluding Theft  
Replacement Cost, 80% Co-Insurance  
Deductible: \$1,000  
Wind/Hail Deductible \$2,500  
Business Personal Property \$50,000  
Improvements and Betterments \$10,000





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2024

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.

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<b>PRODUCER</b> Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville FL 32216	<b>CONTACT NAME:</b> Stacey A. Boothe <b>PHONE (A/C, No, Ext):</b> 904-596-2868 <b>E-MAIL ADDRESS:</b> stacey.boothe@ioausa.com <b>FAX (A/C, No):</b> 904-448-9788
<b>INSURED</b> Junk It Plus LLC & JIP Trucking One, LLC 2247 Northumbria Drive Sanford FL 32771	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Nautilus Insurance Company <b>INSURER B :</b> Great Divide Insurance Company <b>INSURER C :</b> FFVA Mutual Insurance Company <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
	<b>NAIC #</b> 17370 25224 10385

**COVERAGES****CERTIFICATE NUMBER:** 1846399236**REVISION NUMBER:**

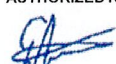

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ECP204116111	8/18/2024	8/18/2025	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 <b>CPL</b> \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP204116211	8/18/2024	8/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A		WC84008109452024A	1/18/2024	1/18/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate holder is included as additional insured with respect to general liability and automobile liability as required by written contract. Waiver of subrogation applies with respect to general liability and automobile liability as required by written contract.  
Certificate holder is included as additional insured with respect to general liability including ongoing and completed operations on a primary basis as required by written contract or agreement per forms ECP 1246 01 21 and ECP 1248 0121. Certificate holder is included as additional insured with respect to automobile liability on a primary basis as required by written contract or agreement per forms BSUM CA 06 02 13 and CA 04 49 11 16. Waiver of subrogation provided with respect to general liability, automobile liability, and workers' compensation as required by written contract or agreement per forms ECP 1260 0121 and CA 04 44 10 13.

**CERTIFICATE HOLDER****CANCELLATION**

Orange County Florida c/o Solid Waste Division 5901 Young Pine Road Orlando FL 32829	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> <b>AUTHORIZED REPRESENTATIVE</b>  
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NAME OF COMPANY

## **SERVICE INFORMATION**

Please complete the following and return with the application:

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

All Counties

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- ♦ Number of employees: 15

- ♦ Number of commercial vehicles to be used in the business: 11

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

<u>TRUCK #</u>	<u>TAG #</u>	<u>TARE WEIGHT</u>	
<u>54</u>	<u>P6591D</u>	<u>15 Tons</u>	
<u>55</u>	<u>P7870H</u>	<u>15 Tons</u>	
<u>60</u>	<u>P1764H</u>	<u>15.57 Tons</u>	
<u>6</u>	<u>Y85BQQ</u>	<u>7 tons</u>	Subcontractor
<u>13</u>	<u>PZDR97</u>	<u>7.3 Tons</u>	Subcontractor
<u>22</u>	<u>IAMN93</u>	<u>7.3 Tons</u>	Subcontractor
<u>73</u>	<u>91DFTA</u>	<u>6.9 Tons</u>	
<u>74</u>	<u>07ECQZ</u>	<u>6.9 Tons</u>	
<u> </u>	<u> </u>	<u> </u>	



# FLORIDA VEHICLE REGISTRATION

PLATE **P7870H** DECAL **20330132** Expires **Midnight Tue 12/31/2024**

YR/MK **2021/PTRB** BODY **TK** COLOR **WHI**  
VIN **2NP3LJ0X4MM731328** TITLE **142383729**  
Plate Type **TUR** NET WT **25400** GVW **66000**

DL/FEID **[REDACTED]**  
Date Issued **1/8/2024** Plate Issued **5/5/2023**

Reg. Tax **1,099.10** Class Code **41**  
Init. Reg. **3.00** Tax Months **12**  
County Fee  
Mail Fee  
Sales Tax  
Voluntary Fees  
Grand Total **1102.10**

JUNK IT PLUS LLC  
3255 CLARCONA RD  
APOPKA, FL 32703

*R02*

## 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.

TUR - TRUCKS WITH TWO PLATES

# FLORIDA VEHICLE REGISTRATION

PLATE **P6591D** DECAL **20329772** Expires **Midnight Tue 12/31/2024**

YR/MK **2020/FRHT** BODY **TK** COLOR **WHI**  
VIN **1FVHCYFE3LHLG8044** TITLE **142045947**  
Plate Type **TUR** NET WT **25680** GVW **66000**

DL/FEID **[REDACTED]**  
Date Issued **1/8/2024** Plate Issued **3/31/2021**

CO/AGY **7 / 1** T# **1908153871**  
B# **1653189**

Reg. Tax **1,099.10** Class Code **41**  
Init. Reg. **3.00** Tax Months **12**  
County Fee  
Mail Fee  
Sales Tax  
Voluntary Fees  
Grand Total **1102.10**

JUNK IT PLUS LLC  
3255 CLARCONA RD  
APOPKA, FL 32703

*R01*

## 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.

TUR - TRUCKS WITH TWO PLATES

# FLORIDA VEHICLE REGISTRATION

PLATE **P1764H** DECAL **20329875** Expires **Midnight Tue 12/31/2024**

YR/MK **2020/PTRB** BODY **TK** COLOR **WHI**  
VIN **1NPCLF0X9LD686765** TITLE **148328136**  
Plate Type **TUR** NET WT **28540** GVW **66000**

DL/FEID **[REDACTED]**  
Date Issued **1/8/2024** Plate Issued **10/13/2022**

CO/AGY **7 / 1** T# **1908155735**  
B# **1653189**

Reg. Tax **1,099.10** Class Code **41**  
Init. Reg. **3.00** Tax Months **12**  
County Fee  
Mail Fee  
Sales Tax  
Voluntary Fees  
Grand Total **1102.10**

JUNK IT PLUS LLC  
943 MOZART DR  
ORLANDO, FL 32825-6692

*R05*

## 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.

TUR - TRUCKS WITH TWO PLATES



## FLORIDA TRUCK/TRACTOR REGISTRATION

PLATE 07ECQZ DECAL 20079384 Expires Midnight Tue 12/31/2024

YR/MK	2024/CHEV	BODY	TK	COLOR	BLK	Reg. Tax	165.10	Class Code	41
VIN	2GC4YMEY8R1135213			TITLE	153276196	Init. Reg.		Tax Months	12
Plate Type	RGS	NET WT	7684	GVW	10000	County Fee	3.00	Back Tax Mos	
DL/FEID						Mail Fee		Credit Class	
Date Issued	12/29/2023	Plate Issued	12/29/2023			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	168.10		

JUNK IT PLUS LLC  
3255 CLARCONA RD  
APOPKA, FL 32703

- 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 PLATE ISSUED X

## FLORIDA VEHICLE REGISTRATION

PLATE 91DFTA DECAL 20229889 Expires Midnight Tue 12/31/2024

YR/MK	2022/CHEV	BODY	TK	COLOR	BLK	Reg. Tax	139.60	Class Code	41
VIN	2GC4YMEYXN1241477			TITLE	148600631	Init. Reg.		Tax Months	12
Plate Type	RGS	NET WT	7668	GVW	10000	County Fee	0.50	Back Tax Mos	0
DL/FEID						Mail Fee	0.90	Credit Class	
Date Issued	1/4/2024	Plate Issued	12/6/2022			Sales Tax		Credit Months	0
						Voluntary Fees			
						Grand Total	141.00		

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