



Cover Sheet - FL

Process Date
07/02/2026

Transaction Id
150354943

Titling State
FL

Military
N



JTJBCACB3TA002811 2026 LEXUS
New Auto

Vehicle Info

Model: RZ 450e
Body Type: Sport Utility Vehicle
GVW: 5820
Fuel Type: Electric
Odometer Reading: 6

Sale Information

Purchase Date: 06/17/2026
Sale Type: Purchase
Taxable Selling Price: 20,860.00
MSRP:
List Price:
Trade in Value: 33,600.00

Owner Info

Owner 1 Name: LESLIE DE NINO
Owner 2 Name:
Registered Address: 8515 EGRET MEADOW LN, WEST PALM
BEACH, Palm Beach, FL, 33412
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name:
Address:
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Title & Registration
Registration Action: Plate Transfer
Registration Period:
Plate Number: BU12BI
Expiration Date: 09/18/2027

Final Destination

Send to: Lexus of Atlantic City Attn: DeCecco Nancy
Phone: (609)641-0008
Mailing Address: 3169 Fire Road, Egg Harbor Township,
Atlantic, NJ, 08234

Fee Summary

TITLE FEE	\$77.75
REGISTRATION TAX	\$46.10
FL STATE TAX (6%)	\$1,251.72
FL DISCRETIONARY SURTAX (0.5%)	\$25.00
VITU FULL SERVICE FEE	\$165.00
FL STATE VARIABLE FEES	\$0.00
Total	\$1,565.57

Submitted By:

Nancy DeCecco
Phone: (609)641-0008
Location: Lexus of Atlantic City
Address: 3169 Fire Road, Egg Harbor Township,
Atlantic, NJ, 08234

Pre-Checker Name

Comments / Resolution:

For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

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CNTY#	AGY#	SUB#	RPT#
46	2	TC388L	7079
AUDIT #			



STATE OF FLORIDA
APPLICATION FOR VEHICLE / VESSEL
CERTIFICATE OF TITLE

L#	
T#	2341290875
B#	45174654
S#	121120762

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WTL/LENGTH	PRINCPL OPERAT	GVW/LOC		
164263455	JTJBCACB3TA002811	2026	LEXS	UT	WHI	4555				
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
07 27 26	ORT	PRIVATE								

Applicant/Owner's Name & Address

LESLIE SHARON DE NINO
8515 EGRET MEADOW LN
WEST PALM BEACH, FL 33412-1559

SEX	BIRTHDATE MO. DAY YEAR	RESIDENT Y N ALIEN	CNTY RES.#
F	09 18 48	X	6
1st OWNER FL/DL # OR F.E.I.D.#		2nd OWNER FL/DL # OR UNIT #	

D550537488380

VOLUNTARY CONTRIBUTIONS

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AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	91.00	1,251.60	1,347.35

Action Requested: ORIG NEW TITLE
RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
	06/07/2012	XX		06 MILES 06/17/2026 ACTUAL	☐

LIEN INFORMATION

DATE OF LIEN RECEIVED DATE FEID # OR FL / DL AND SEX AND DATE OF BIRTH DMV ACCOUNT #

NAME OF FIRST LIENHOLDER:

ADDRESS

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE ☐ PURCHASER HOLDS VALID
IS EXEMPT FROM EXEMPTION CERTIFICATE
FLORIDA SALES OR ☐ VEHICLE / VESSEL WILL BE
USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL
REASON(S) CHECKED ☐ OTHER REGULAR

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ 20,860.00
INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 1,251.60

☒ SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

