



Cover Sheet - FL

Process Date 07/21/2026
Transaction Id 163423691

Titling State FL
Military N



1N6ED1EK5TN622611 2026 NISSAN
New Truck

Vehicle Info

Model: Frontier
Body Type: Truck
GVW:
Fuel Type: Gas
Odometer Reading: 4991

Sale Information

Purchase Date: 06/11/2026
Sale Type: Purchase
Taxable Selling Price: 86,990.38
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: TRAVIS BROWN
Owner 2 Name: TAYLOR BROWN
Residence Address: 2239 WELLS AVE, SARASOTA, Sarasota,
FL, 34232
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name: CAPITAL ONE AUTO FINANCE
Address: PO BOX 660068, SACRAMENTO, CA,
95866
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Title Only
Registration Action:
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to:
Phone:
Mailing Address:

Fee Summary

TITLE FEE	\$79.75
LATE FEES	\$20.00
FL STATE TAX (6%)	\$5,219.54
FL DISCRETIONARY SURTAX (1%)	\$50.00
VITU FULL SERVICE FEE	\$105.00
FL STATE VARIABLE FEES	\$0.00

Total \$5,474.29

Submitted By: Jasmine Biddings
Phone: (317)204-6231
Location: Andy Mohr Avon Nissan
Address: 8867 E US Hwy 36, Avon, Hendricks, IN,
46123

For Vitu use

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#

39 1 D7538HLS 6958

AUDIT #



STATE OF FLORIDA
APPLICATION FOR VEHICLE / VESSEL
CERTIFICATE OF TITLE

L#
T# 2343985331
B# 45549696
S# 121212020

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	PRINCPL OPERAT	GVW/LOC
164310646	1N6ED1EK5TN622611	2026	NISS	PK	GRY	4655		

DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
07 30 26	ORT	PRIVATE								

Applicant/Owner's Name & Address

TRAVIS MICHAEL BROWN OR TAYLOR LYNN BROWN
2239 WELLS AVE
SARASOTA, FL 34232

SEX BIRTHDATE RESIDENT CNTY
MO. DAY YEAR Y N ALIEN RES.#
M 01 12 89 X 16
1st OWNER FL/DL # OR F.E.I.D.# 2nd OWNER FL/DL # OR UNIT #

B641276025000

B641212325000

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	93.00	2.36	100.11

Action Requested: ORIG NEW TITLE
RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
	06/11/2026	XX		4,991 MILES 06/11/2026 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

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ 236.38

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 2.36

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

☒ 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.



MICHELE LANGFORD, CFC
LEVY COUNTY TAX COLLECTOR
310 School Street, Ste 102, Bronson, FL 32621
Phone: 352-486-5172

Receipt
2025.13707

Receipt Number	Payment Date	Effective Date	Till	Batch	Paid By
2025 13707	7/30/2026	7/30/2026	128	6098	VITU INC

Item	Description	Units	Unit Charge	Amount Paid
Orion Payments	Orion - Batch # 45549696			100.11

Item	Number	Amount Tendered	Payment Made By
Check	432766	\$100.11	VITU INC