Deb's

vitu

Cover Sheet - FL

Process Date	Transaction Id
10/19/2026	191309809
Titling State	**Military**
FL	N

Premium Service

AKA - Deb's White Glove Thank you Sissies! ☺

W1NWH5AB8VX104758 2027 MERCEDES-BENZ
New Auto Plate Transfer

Vehicle Info

Model:	G-Class
Body Type:	Station Wagon
GVW:	
Fuel Type:	Gas
Odometer Reading:	10

Sale Information

Purchase Date:	09/26/2026
Sale Type:	Purchase
Taxable Selling Price:	158,060.00
MSRP:	
List Price:	
Trade in Value:	95,000.00

Owner Info

Owner 1 Name:	ELITE PLASTIC SURGERY LLC
Owner 2 Name:	RUBEN SALAMA
Registered Address:	2700 HOLLYWOOD BLVD #200, HOLLYWOOD, Broward, FL, 33020
Lessor Name:	
Address:	

Lienholder Info

Lienholder 1 Name:	BANK OF AMERICA NA
Address:	PO BOX 2759, JACKSONVILLE, DUVAL, FL, 32203
Lienholder 2 Name:	
Address:	
Lienholder 3 Name:	
Address:	

Registration Information

Application Type:	Title & Registration
Registration Action:	Plate Transfer
Registration Period:	
Plate Number:	L4MGQ
Expiration Date:	06/30/2027

Final Destination

Send to:	ELITE PLASTIC SURGERY LLC
Phone:	(562)860-6561
Mailing Address:	2700 HOLLYWOOD BLVD #200, HOLLYWOOD, Broward, FL, 33020

Fee Summary

TITLE FEE	$79.75
REGISTRATION TAX	$4.60
FL STATE TAX (6%)	$9,483.60
FL DISCRETIONARY SURTAX (1%)	$50.00
VITU PREMIUM SERVICE FEE	$275.00
FL STATE VARIABLE FEES	$.00
Total	$9,892.95

- 275
9617.95

Submitted By: Clarissa Sanchez
Phone: (562)860-6561
Location: House of Imports
Address: 6750 Auto Center Drive, Buena park, Orange, CA, 90621

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!

Copyright © 2026 Vitu, Inc. All rights reserved.
PROPRIETARY MATERIAL. This material is proprietary and subject to the terms and conditions contained in Vitu's Master Services Agreement. Unauthorized sharing or distribution to third parties is strictly prohibited.

CNTY#	AGY#	SUB#	RPT#
39	2	D7438SDB	6830

AUDIT #

STATE OF FLORIDA
APPLICATION FOR VEHICLE / VESSEL
CERTIFICATE OF TITLE

L# T# 2390817585 B# 51902857 S# 122727106

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR.	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR		WT/LENGTH	PRINCPL OPERAT	GVW/LOC
165277614	W1NWH5AB8VX104758	2027	MERZ	SW	DGR		5751		

DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
10 22 26	ORT	PRIVATE								

Applicant/Owner's Name & Address

ELITE PLASTIC SURGERY LLC OR RUBEN SALAMA
2700 HOLLYWOOD BLVD STE 200
HOLLYWOOD, FL 33020-4808

SEX	BIRTHDATE MO. DAY YEAR	RESIDENT Y	N	ALIEN	CNTY RES.#
		X			10

1st OWNER FL/DL # OR F.E.I.D.#: 264188107-01

2nd OWNER FL/DL # OR UNIT #: S439601510000

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	75.00	9,533.60	9,613.35

Action Requested: ORIG NEW TITLE
RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
	09/26/2026	XX		10 MILES 09/26/2026 ACTUAL	☐

LIEN INFORMATION

	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ELT	09/26/2026	10/22/2026	941687665-01	204664684

NAME OF FIRST LIENHOLDER:
BANK OF AMERICA NA

ADDRESS
ELECTRONIC LIEN

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 IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED

☐ PURCHASER HOLDS VALID EXEMPTION CERTIFICATE
☐ VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL
☐ OTHER REGULAR

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS $ 158,060.00

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES $ 9,533.60

[X] 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.

IMPORTANT INFORMATION

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used.
For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F. S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on the roads of this state.

S. 320.02 and 627.733, F. S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Mail To:

ELITE PLASTIC SURGERY LLC, RUBEN SALAMA
2700 HOLLYWOOD BLVD STE 200
HOLLYWOOD, FL 33020-4808

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or by mail to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 39 / 02 T# 2390819403
B# 51902857

FLORIDA VEHICLE REGISTRATION

PLATE **L4MNQ** DECAL **10366825** Expires **Midnight Wed 06/30/2027**

YR/MK	**2027/MERZ**	BODY	**SW**	COLOR	**DGR**	Reg. Tax	1.60	Class Code	1
VIN	**W1NWH5AB8VX104758**			TITLE	**165277614**	Init Reg.		Tax Months	9
Plate Type	**MHR**	NET WT	**5751**			County Fee	3.00	Back Tax Mos	0
						Mail Fee		Credit Class	
DL/FEID	**264188107-01**			2ND DL#	**S439601510000**	Sales Tax		Credit Months	
Date Issued	**10/22/2026**	Plate Issued	**09/07/2022**	TRANSFER	**X**	Voluntary Fees			
						Grand Total	4.60		

ELITE PLASTIC SURGERY LLC, RUBEN SALAMA
2700 HOLLYWOOD BLVD STE 200
HOLLYWOOD, FL 33020-4808

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.

MHR - MIAMI HEAT

LEVY CO 39 AG 02

LEVY County Tax Collector

Chiefland, FL

Date: 10/22/2026 Office: 39/02 (D74) Cashier: D7438SDB

Batch Summary

Batch Number: 51902857 Total Transactions: 2

Transaction Detail

FEID/DL/ID Number	Customer Name	Transaction Type	Fee Total
264188107-1	Elite Plastic Surgery Llc	ORT - Orig New Title	$9,613.35
264188107-1	Elite Plastic Surgery Llc	TRR - Transfer Reg Regis	$4.60
		Credit Card Convenience Fee:	$0.00
		Batch Fee Total:	$9,617.95

Payment Detail

Payment Type	Confirmation Number	Amount Paid
Check		$9,617.95

Mission: *Providing Highway Safety and Security through Excellence in Service, Education, and Enforcement.*