CO/AGY 10 / 1 T# 1891379591
B# 1573386

FLORIDA VEHICLE REGISTRATION

PLATE **26DXCX** DECAL **18881812** Expires **Midnight Wed 3/27/2024**

YR/MK	**2010/ACUR**	BODY	**4D**	COLOR	**GRY**	Reg. Tax	71.10	Class Code	
VIN	**JH4CU2F69AC007665**			TITLE	**152927421**	Init. Reg.	225.00	Tax Months	
Plate Type	**RGS**	NET WT	**4530**			County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID	**G130240926070**					Sales Tax		Credit Months	
Date Issued	**11/29/2023**	Plate Issued	**11/29/2023**			Voluntary Fees			
						Grand Total	299.10		

FALIE GOUBOTH
410 JEFFERSON DR UNIT 302
DEERFIELD BEACH, FL 33442-9485

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

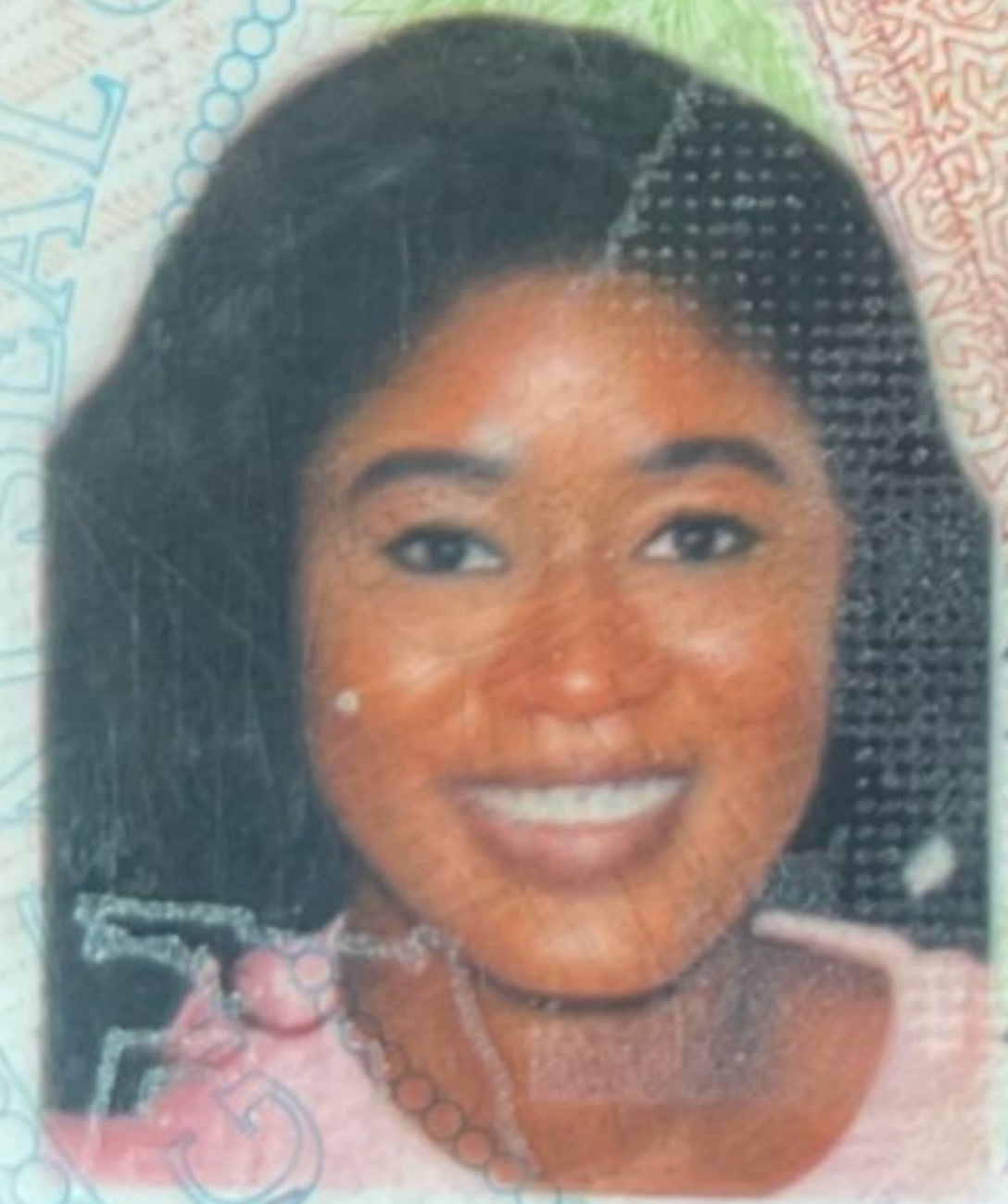
TEMPORARY

DRIVER LICENSE

USA

4d DLN G130-240-92-607-0

9 CLASS E



1 GOUBOTH

2 FALIE

8 410 JEFFERSON DR UNIT 302
DEERFIELD BEACH, FL 33442

3 DOB 03/27/1992 15 SEX F

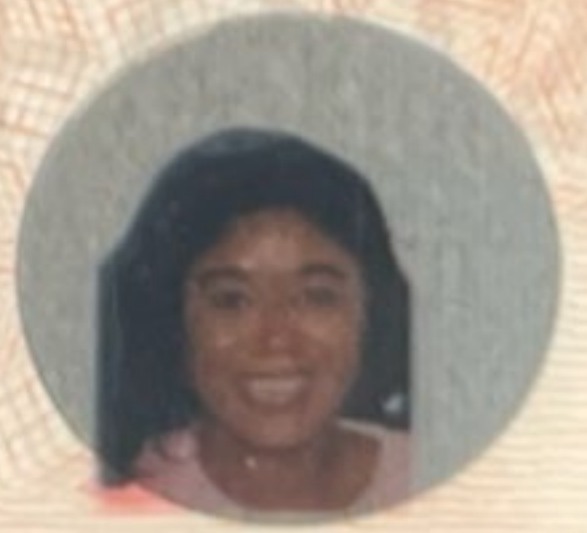
4b EXP 02/27/2025 16 HGT 5'-05"

12 REST NONE 9a END NONE

SAFE DRIVER

4a ISS 06/05/2023

5 DD R052306050390



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Thanks for letting us serve you...

Agent VICTOR SCHLICHT INS AGENCY INC
Telephone (954)933-5996

67 1337 1552

Please keep this part for your record.

Prepared NOV 09 2023

↓ Please fold and tear here ↓

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE ADDED ANY DRIVERS, OR HAVE MOVED, PLEASE CONTACT YOUR AGENT.

State Farm

INSURED	GOUBOTH, FALIE
POLICY NUMBER	L84 3876-E07-59

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

DATE DUE	PLEASE PAY THIS AMOUNT
DEC 10 2023	$384.12

DISREGARD ANY PREVIOUS BILLING NOTICES YOU MAY HAVE RECEIVED ON THIS POLICY.

Please contact your State Farm agent to make any policy changes.

1909402087
State Farm Insurance Companies
P.O. Box 588002
North Metro, GA 30029-8002

120108.15 11-18-2010 (o1a0321i)

For office use only 01378/02380 7511 - FB1B FIRE OVL

AUTO BAL DUE	$384.12	0208

4 P 79211-4-P APP DATE 03-19-24
PREM CANC 02-08-24 PREP DT 11-09-23

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P00