

Florida

CDL

USA



SKIN

4a DLN **0124-780-92-177-0**

9 CLASS **A**

1 OFFICIAL
2 SONERRE

8 1433 S KIRKMAN RD APT 2056
ORLANDO, FL 32811-2394

3 DOB **05/17/1992** 15 SEX **M**

4b EXP **05/17/2032** 16 HGT **5'-08"**

12 REST **NONE** 9a END **T**

4a ISS **10/10/2023**

5DD **B732310100005**

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





Florida Highway Safety and Motor Vehicles
Bureau of Commercial Vehicle and Driver Services
2900 Apalachee Parkway MS62
Tallahassee, Florida 32399-0626
850-617-3711 | www.flhsmv.gov



APPORTIONED CAB CARD

THIS REGISTRATION CAB CARD MUST BE CARRIED IN THE VEHICLE DESCRIBED HEREIN

REGISTRANT: THE OFFICIAL FAMILY TRANSPORTATION
SERVICES

1433 S KIRKMAN RD APT 2056
ORLANDO, FL 32811-2394



CARRIER TYPE: FOR HIRE (FH)

ISSUE DATE: 11/20/2024

PLATE: XE396G

GROSS WGT: 80,000

EFFECTIVE DATE: 11/20/2024

EXPIRATION DATE: 09/30/2025

| | | | | |
|---|-------------|---------------------------|-------------------|---------------------|
| ACCT 468176 | FLEET 01 | SUPP 0000 | BASE JUR FL | REG TYPE IRP |
| AXLES 3 | SEATS | OPERATION TYPE I | REG YEAR 25 | UNIT NUMBER 8896 |
| ENFORCEMENT CONTROL 305082902 | | UNLADEN WGT 30,000 | | PLATE TYPE ITR |
| VIN 3AKJGLD57FSGB4070 | | VEH YEAR 2015 | MAKE FRHT | FUEL D |
| OWNER/LESSOR THE OFFICIAL FAMILY TRANSPORTATION SERVICE LLC | | TITLE NUMBER 141773029 | | VEH TR |
| Carrier Responsible for Safety THE OFFICIAL FAMILY TRANSPORTATION SERVICES | | | USDOT 04083347 | |
| Mailing Address Of Carrier Responsible for Safety 1433 S KIRKMAN RD 2056 ORLANDO, FL 32811 | | | | |

The described vehicle has been proportionally registered between the STATE OF FLORIDA and the jurisdictions listed below.

| | | | |
|------------|-----------|-----------|-----------|
| AL 80,000 | AR 80,000 | AZ 80,000 | CA 80,000 |
| CO 80,000 | CT 80,000 | DC 80,000 | DE 80,000 |
| GA 80,000 | IA 80,000 | ID 80,000 | IL 80,000 |
| IN 80,000 | KS 80,000 | KY 80,000 | LA 80,000 |
| MA 80,000 | MD 80,000 | ME 80,000 | MI 80,000 |
| MN 80,000 | MO 80,000 | MS 80,000 | MT 80,000 |
| NC 80,000 | ND 80,000 | NE 80,000 | NH 80,000 |
| NJ 80,000 | NM 80,000 | NV 80,000 | NY 80,000 |
| OH 80,000 | OK 80,000 | OR 80,000 | PA 80,000 |
| RI 80,000 | SC 80,000 | SD 80,000 | TN 80,000 |
| TX 80,000 | UT 80,000 | VA 80,000 | VT 80,000 |
| WA 80,000 | WI 80,000 | WV 80,000 | WY 80,000 |
| AB 36,287 | BC 36,287 | MB 36,287 | NB 36,287 |
| NL 36,287 | NS 36,287 | ON 36,287 | PE 36,287 |
| QC 5 axles | SK 36,287 | ** ***** | ** ***** |



THIS APPORTIONED CAB CARD MUST BE CARRIED AT ALL TIMES IN THE VEHICLE FOR WHICH IT WAS ISSUED.
THIS REQUIREMENT IS SATISFIED BY THE PRESENCE OF THE PAPER ORIGINAL, A LEGIBLE PAPER COPY, OR THE
LEGIBLE DISPLAY OF AN ELECTRONIC IMAGE.

ALTERED COPIES OR IMAGES OF THIS CAB CARD ARE NOT VALID. ELECTRONIC IMAGES MUST BE ACCESSIBLE.

This cab card lists those jurisdictions in which the vehicle described is proportionally registered together with the
registered gross weight.

An enforcement control number has been Imprinted above on this cab card as a security feature. If you have any
questions or concerns about the validity of any information on this form, you may call the Florida IRP office at (850)
617-3711, Monday through Friday from 8:00 am to 4:30 pm, EST or may visit our website for verification at:

<https://services.flhsmv.gov/IRPinquiry/>

LETTER OF CLEARANCE

FEBRUARY 03, 2025

SONERRE OFFICIAL
1433 S KIRKMAN RD APT 2056
ORLANDO, FL 32811-2394

This letter serves as verification from the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) that your driving privilege is valid in the state of Florida.

Should you provide this letter of clearance to show proof of your current license status, the FLHSMV encourages you to present the letter within 30 days of the above-referenced date.

If you are a Florida resident, with a current Florida driver license, you may continue to use this license.

If you need to obtain a Florida driver license, you may be eligible to apply online. Please apply on your **myDMVPortal.flhsmv.gov**.

You can apply in person at a Florida driver license and motor vehicle service center or tax collector office offering driver license services. For a list of locations, visit **flhsmv.gov/locations**. An additional \$6.25 service fee is charged by tax collector offices. You will be required to clear any pending sanctions, which may appear on your record. Additional fees may be required. Visit **flhsmv.gov/whattobring** for a list of required documents.

Robert R. Kynoch

Robert R. Kynoch, Director
Division Of Motorist Services

User ID: G7448DZE
DL/ID Number: O124-780-92-177-0
License Type: Class A
Endorsements: DOUBLE/TRIPLE TRAILERS
Issued: 10/10/2023
Expires: 05/17/2032

Policy Number: MIT-UKNAP2300164-0326
Name of Insured: THE OFFICIAL FAMILY TRANSPORTATION SERVICES
Name of Agent: MARQUEE INSURANCE GROUP LLC
Carrier Name: Trisura Specialty Insurance Company



LOSS RUN BY POLICY

TIP NATIONAL
Policy Period: 03/01/2024 TO 03/01/2025

| | | | | | | | | | | | | | |
|--|--|---------------|------------|-----------------|------------|-------------------|------------------|------------------|----------------|-----------------|----------------|-----------------|---------------|
| Claim #: | TPMR24060009 | Date of Loss: | 06/12/2024 | Accident State: | FL | Old | Unit Number: | | | | | | |
| Date Open: | 06/13/2024 | Date Closed: | 09/04/2024 | Claim Status: | Closed | Driver: | OFFICIAL SONERRE | | | | | | |
| Description of Accident: | IV was traveling and OV pulled out in front of IV. IV had to suddenly stop. The cargo load in the trailer moved to the front of the trailer, causing damage to the trailer. No damage to the cargo, only damage to the trailer. 8997 | | | | | | | | | | | | |
| Claimant | Line/Cov | St | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | Deduct Recover | Salvage Recover | Subro Recover |
| THE OFFICIAL FAMILY | 21.2/COLL | C | \$9,200.52 | \$0.00 | \$1,288.00 | \$0.00 | \$0.00 | \$0.00 | \$10,488.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Group Total for Claim No: TPMR24060009 | | | \$9,200.52 | \$0.00 | \$1,288.00 | \$0.00 | \$0.00 | \$0.00 | \$10,488.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| | | | | | | | | | | | | | |
|--|--|---------------|------------|-----------------|----------|-------------------|------------------|------------------|----------------|-----------------|----------------|-----------------|---------------|
| Claim #: | TPMR24070001 | Date of Loss: | 06/30/2024 | Accident State: | FL | Old | Unit Number: | 1 | | | | | |
| Date Open: | 07/01/2024 | Date Closed: | | Claim Status: | Open | Driver: | OFFICIAL SONERRE | | | | | | |
| Description of Accident: | Vehicle was stolen and not yet recovered .53FT Trailer was attached SF3727 Loaded Trailer with no touch freight. | | | | | | | | | | | | |
| Claimant | Line/Cov | St | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | Deduct Recover | Salvage Recover | Subro Recover |
| THE OFFICIAL FAMILY | 21.2/COMP | C | \$0.00 | \$0.00 | \$599.00 | \$0.00 | \$0.00 | \$0.00 | \$599.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL QUALITY LOGISTICS | 21.2/COMP | V | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL QUALITY LOGISTICS | 9.0/IM | O | \$0.00 | \$0.00 | \$390.00 | \$38,500.00 | \$410.00 | \$0.00 | \$39,300.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Group Total for Claim No: TPMR24070001 | | | \$0.00 | \$0.00 | \$989.00 | \$38,500.00 | \$410.00 | \$0.00 | \$39,899.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

SUB TOTALS for Policy Period: 03/01/2024 TO 03/01/2025

| | | | | | | | | | | | |
|-------------------------------|------------|----------|------------|-------------------|------------------|------------------|----------------|-----------------|----------------|-----------------|---------------|
| | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | Deduct Recover | Salvage Recover | Subro Recover |
| TOTALS IN PERIOD: | \$9,200.52 | \$0.00 | \$2,277.00 | \$38,500.00 | \$410.00 | \$0.00 | \$50,387.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| NUMBER OF CLAIMS IN PERIOD: 2 | | | | | | | | | | | |

GRAND TOTALS

| | | | | | | | | | | | |
|---------------------------|------------|----------|------------|-------------------|------------------|------------------|----------------|-----------------|----------------|-----------------|---------------|
| | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | Deduct Recover | Salvage Recover | Subro Recover |
| GRAND TOTALS: | \$9,200.52 | \$0.00 | \$2,277.00 | \$38,500.00 | \$410.00 | \$0.00 | \$50,387.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL NUMBER OF CLAIMS: 2 | | | | | | | | | | | |

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|---|
| THE OFFICIAL FAMILY TRANSPORTATION SERVICES |
| 1433 S KIRKMAN RD 2056 |
| ORLANDO, FL, 32811 |

DATE: 01/10/2025
TO: GREAT WEST CASUALTY CO.

ATTENTION: LOSS RUN DEPARTMENT

RE: LOSS RUN REQUEST

Coverage: CAL
Policy #: GRT04438A
Policy Period: 07/05/2023 - 03/01/2024

To Whom it may concern:

Regarding the above captioned policy, this letter authorizes and requests your company to release the complete detailed loss runs showing all experience (open and closed) for the periods to:

Name of the agency, Attention to: Koraima Pino
1150 NW 72ND AVE TOWER 1 STE 455 MIAMI, FL 33126
support@vantageins.us

This authorization should remain in force for the period of **90 days** starting from: Date

I appreciate your cooperation and assistance in this matter.

Signature

x *Sonerre Official*
SONERRE OFFICIAL, Owner
THE OFFICIAL FAMILY TRANSPORTATION SERVICES
TRANSOSERVICES22@GMAIL.COM

Make sure to follow up within Seven Days to the company to make sure that it gets processed

| |
|---|
| THE OFFICIAL FAMILY TRANSPORTATION SERVICES |
| 1433 S KIRKMAN RD 2056 |
| ORLANDO, FL, 32811 |

DATE: 01/10/2025
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x *Sonerre Official*
SONERRE OFFICIAL, Owner
THE OFFICIAL FAMILY TRANSPORTATION SERVICES
TRANSOSERVICES22@GMAIL.COM

Make sure to follow up within Seven Days to the company to make sure that it gets processed

Policy Number: MIT-UKNAP2300164-0326
Name of Insured: THE OFFICIAL FAMILY TRANSPORTATION SERVICES
Name of Agent: MARQUEE INSURANCE GROUP LLC
Carrier Name: Trisura Specialty Insurance Company



LOSS RUN BY POLICY

TIP NATIONAL
Policy Period: 03/01/2024 TO 03/01/2025

| | | | | | | | | | | | | | |
|--|--|----|---------------|------------|------------|-------------------|------------------|------------------|------------------|-----------------|----------------|-----------------|---------------|
| Claim #: | TPMR24060009 | | Date of Loss: | 06/12/2024 | | Accident State: | FL | Old | Unit Number: | | | | |
| Date Open: | 06/13/2024 | | Date Closed: | 09/04/2024 | | Claim Status: | Closed | Driver: | OFFICIAL SONERRE | | | | |
| Description of Accident: | IV was traveling and OV pulled out in front of IV. IV had to suddenly stop. The cargo load in the trailer moved to the front of the trailer, causing damage to the trailer. No damage to the cargo, only damage to the trailer. 8997 | | | | | | | | | | | | |
| Claimant | Line/Cov | St | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | Deduct Recover | Salvage Recover | Subro Recover |
| THE OFFICIAL FAMILY | 21.2/COLL | C | \$9,200.52 | \$0.00 | \$1,288.00 | \$0.00 | \$0.00 | \$0.00 | \$10,488.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Group Total for Claim No: TPMR24060009 | | | \$9,200.52 | \$0.00 | \$1,288.00 | \$0.00 | \$0.00 | \$0.00 | \$10,488.52 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| | | | | | | | | | | | | | |
|--|--|----|---------------|------------|----------|-------------------|------------------|------------------|------------------|-----------------|----------------|-----------------|---------------|
| Claim #: | TPMR24070001 | | Date of Loss: | 06/30/2024 | | Accident State: | FL | Old | Unit Number: 1 | | | | |
| Date Open: | 07/01/2024 | | Date Closed: | | | Claim Status: | Open | Driver: | OFFICIAL SONERRE | | | | |
| Description of Accident: | Vehicle was stolen and not yet recovered .53FT Trailer was attached SF3727 Loaded Trailer with no touch freight. | | | | | | | | | | | | |
| Claimant | Line/Cov | St | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | Deduct Recover | Salvage Recover | Subro Recover |
| THE OFFICIAL FAMILY | 21.2/COMP | C | \$0.00 | \$0.00 | \$599.00 | \$0.00 | \$0.00 | \$0.00 | \$599.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL QUALITY LOGISTICS | 21.2/COMP | V | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL QUALITY LOGISTICS | 9.0/IM | O | \$0.00 | \$0.00 | \$390.00 | \$31,291.14 | \$410.00 | \$0.00 | \$32,091.14 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Group Total for Claim No: TPMR24070001 | | | \$0.00 | \$0.00 | \$989.00 | \$31,291.14 | \$410.00 | \$0.00 | \$32,690.14 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

SUB TOTALS for Policy Period: 03/01/2024 TO 03/01/2025

| | | | | | | | | | | | |
|-------------------------------|------------|----------|------------|-------------------|------------------|------------------|----------------|-----------------|----------------|-----------------|---------------|
| | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | Deduct Recover | Salvage Recover | Subro Recover |
| TOTALS IN PERIOD: | \$9,200.52 | \$0.00 | \$2,277.00 | \$31,291.14 | \$410.00 | \$0.00 | \$43,178.66 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| NUMBER OF CLAIMS IN PERIOD: 2 | | | | | | | | | | | |

GRAND TOTALS

| | | | | | | | | | | | |
|---------------------------|------------|----------|------------|-------------------|------------------|------------------|----------------|-----------------|----------------|-----------------|---------------|
| | Loss Paid | Med Paid | Exp Paid | Current Loss Resv | Current Exp Resv | Current Med Resv | Gross Incurred | Expense Recover | Deduct Recover | Salvage Recover | Subro Recover |
| GRAND TOTALS: | \$9,200.52 | \$0.00 | \$2,277.00 | \$31,291.14 | \$410.00 | \$0.00 | \$43,178.66 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL NUMBER OF CLAIMS: 2 | | | | | | | | | | | |

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|---|
| THE OFFICIAL FAMILY TRANSPORTATION SERVICES |
| 1433 S KIRKMAN RD 2056 |
| ORLANDO, FL, 32811 |

DATE: 01/10/2025
TO: GREAT WEST CASUALTY CO.

ATTENTION: LOSS RUN DEPARTMENT

RE: LOSS RUN REQUEST

Coverage: CAL
Policy #: GRT04438A
Policy Period: 07/05/2023 - 03/01/2024

To Whom it may concern:

Regarding the above captioned policy, this letter authorizes and requests your company to release the complete detailed loss runs showing all experience (open and closed) for the periods to:

Name of the agency, Attention to: Koraima Pino
1150 NW 72ND AVE TOWER 1 STE 455 MIAMI, FL 33126
support@vantageins.us

This authorization should remain in force for the period of **90 days** starting from: Date

I appreciate your cooperation and assistance in this matter.

Signature

x *Sonerre Official*
SONERRE OFFICIAL, Owner
THE OFFICIAL FAMILY TRANSPORTATION SERVICES
TRANSOSERVICES22@GMAIL.COM

Make sure to follow up within Seven Days to the company to make sure that it gets processed



December 28, 2024

RE: Loss Run Request for THE OFFICIAL FAMILY TRANSPORTATION SERVICES
POLICY NUMBER: TPP1728248-01-0108
Effective: 03/01/2024-03/01/2025

To Whom It May Concern,

Per your request for current valued loss runs please be advised that as of this date, no losses have been reported to our office for this policy period.

If you have any questions, please do not hesitate to give us a call.

TIP National LLC
Becky Goodnight
E: Becky.Goodnight@tipnational.com



December 28, 2024

RE: Loss Run Request for: THE OFFICIAL FAMILY TRANSPORTATION SERVICES
Policy Number: ATR-B0142AA2004198-554
Effective Date: 3/01/2024 TO 3/01/2025

To Whom It May Concern

Per your request for current valued loss runs please be advised that as of this date, no losses have been turned in to our office under said policy number.

If you have any questions or concerns please contact the undersigned.

Respectfully,

TIP National LLC
Becky Goodnight
E: Becky.Goodnight@tipnational.com