Fill in this information to identify the case:						
Debtor 1 Equialt Fund LLC Blue Waters TI LLC	<del>-</del>					
Debtor 2 (Spouse, if filing) Bungalows TI LLC Silver Sands TI LLC						
United States Bankruptcy Court for the: Middle District of Florida	<b>—</b>					
Case number 8:20-CV-325-T-35AEP						



## Official Form 410

## **Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

. Who is the current creditor?	State of Florida DBPR Division of Hotels and Restaurants  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor					
. Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?					
. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  DBPR / Division of Hotels and Restaurants  Name 2601 Blair Stone Road			Where should payments to the creditor be sent? (if different)  Name		
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)						
(11121) 2002(9)	Number Street Tallahassee	FL	32399	Number	Street	
	City  Contact phone			City  Contact phone		
	Contact email  Uniform claim identifier for	electronic payme		Contact email		_
Does this claim amend one already filed?	☑ No ☐ Yes. Claim numbe	r on court claim	s registry (if known)		Filed on	/ YYYY
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the	e earlier filing?				

			n About the Claim as of the Date the Case V					
6.	Do you have any you use to ident debtor?		☐ No ☑ Yes. Last 4 digits of the debtor's account or any r	number you use to ident	ify the debtor: 9 9 1 4			
7.	How much is the	e claim?	\$ Does this	amount include intere	st or other charges?			
			☐ Yes. A		g interest, fees, expenses, or other truptcy Rule 3001(c)(2)(A).			
8.	What is the basical	s of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.					
			Nontransient Apt., Elevator, Condo, and resort dwelling licenses					
9.	is all or part of the secured?	he claim	No □ Yes. The claim is secured by a lien on property.  Nature of property: □ Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim  Attachment (Official Form 410-A) with this Proof of Claim. □ Motor vehicle □ Other. Describe:					
			Basis for perfection:  Attach redacted copies of documents, if ar example, a mortgage, lien, certificate of titl been filed or recorded.)	ny, that show evidence o e, financing statement, o	f perfection of a security interest (for or other document that shows the lien has			
			Value of property:	\$				
			Value of property:  Amount of the claim that is secured:	\$ \$	- -			
				\$	– – _(The sum of the secured and unsecured amounts should match the amount in line 7			
			Amount of the claim that is secured:	\$ \$				
			Amount of the claim that is secured:  Amount of the claim that is unsecured:	\$as of the date of the pe				
10	. Is this claim bas	ed on a	Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount necessary to cure any default a  Annual Interest Rate (when case was file	\$as of the date of the pe				
10	. Is this claim bas lease?	ed on a	Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount necessary to cure any default a  Annual Interest Rate (when case was file    Fixed   Variable	\$s as of the date of the pe	_(The sum of the secured and unsecured amounts should match the amount in line 7			
			Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount necessary to cure any default a  Annual Interest Rate (when case was file  Fixed  Variable	\$s as of the date of the pe	_(The sum of the secured and unsecured amounts should match the amount in line 7			

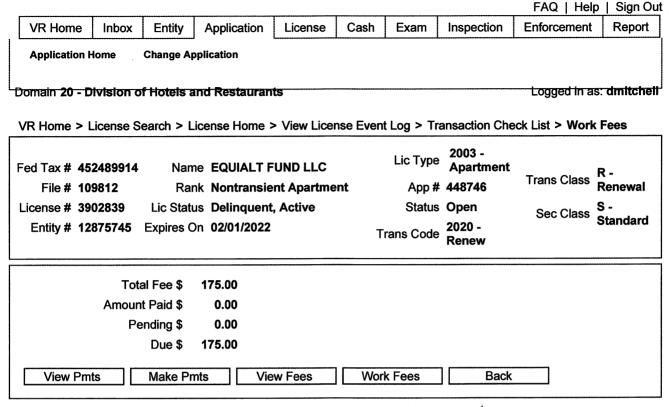
Official Form 410 Proof of Claim page 2

12. Is all or part of the claim entitled to priority under	☑ No ☐ Yes. Chec	k one:			Amount entitled to priority	
11 U.S.C. § 507(a)? A claim may be partly	Domestic support obligations (including alimony and child support) under  11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).					
priority and partly nonpriority. For example, in some categories, the law limits the amount	Up to spersor	\$				
entitled to priority.	bankru	s, salaries, or commissions (up to \$15, ptcy petition is filed or the debtor's bus .C. § 507(a)(4).			\$	
	☐ Taxes	or penalties owed to governmental uni	ts. 11 U.S.C. § 507(a)(8).		\$	
	☐ Contril	outions to an employee benefit plan. 11	l U.S.C. § 507(a)(5).		\$	
	Other.	Specify subsection of 11 U.S.C. § 507	(a)() that applies.		\$	
	* Amounts	are subject to adjustment on 4/01/25 and e	very 3 years after that for cas	ses begun on or aft	er the date of adjustment.	
Part 3: Sign Below						
The person completing	Check the app	opriate box:				
this proof of claim must sign and date it.	I am the c	reditor.				
FRBP 9011(b).	I am the creditor's attorney or authorized agent.					
If you file this claim	l am the tr	ustee, or the debtor, or their authorized	l agent. Bankruptcy Rule	3004.		
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
to establish local rules specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the					
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.					
<b>3571.</b>	Executed on date 06/10/2022 MM / DD / YYYY					
	Signature	sice Mitch		_		
	Print the name of the person who is completing and signing this claim:					
	Name	Desiree First name Mic	ddle name	Mitchell Last name		
	Title	Regulatory Program Specia				
	Company Department of Business and Professional Regulation					
	Jonipully	Identify the corporate servicer as the co				
	Address	2601 Blair Stone Road				
		Number Street	-	00000		
		Tallahassee	FL State	32399 ZIP Code		
i		City	State	ZIF COUR		

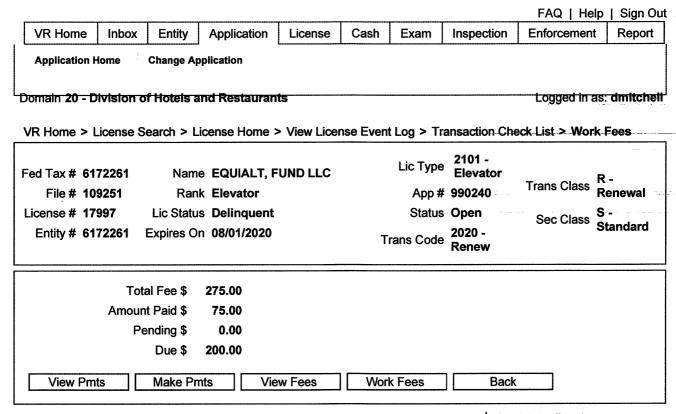
(850)717-1278

Contact phone

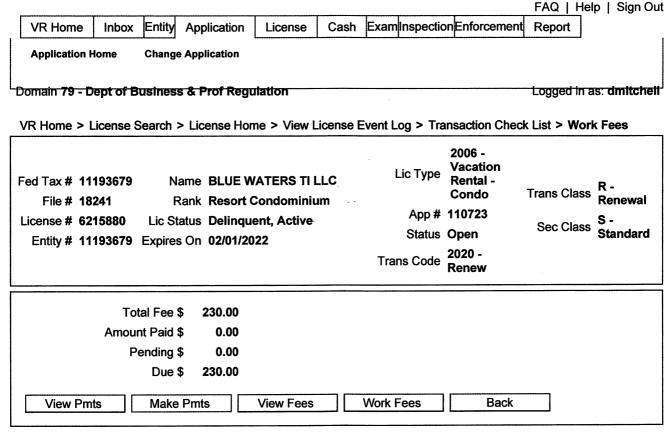
Email desiree.mitchell@myfloridalicense.con



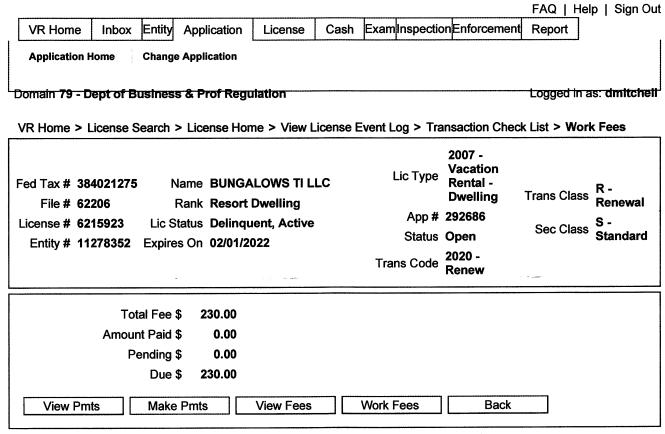
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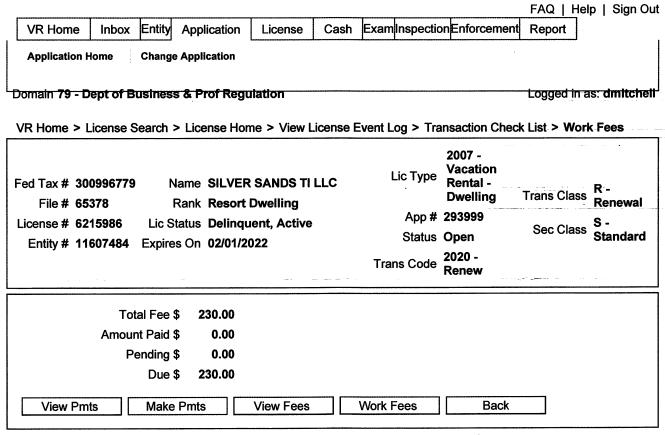
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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 Blair Stone Road



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Tallahassee, Florida 32399 www,MyFloridaLicense.com

United States District Court
Middle District of Florida
Tempa Division
801 North Florida Avenue

Tempa florida 33602

Jampa florida 33602