

Fill in this information to identify the case:Debtor Air Pros, LLCUnited States Bankruptcy Court for the: Northern District of Georgia
(State)Case number 25-10368**Modified Official Form 410
Proof of Claim****12/24**

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 or 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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Broward County Tax Collector</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Broward County Tax Collector</u> <u>Attn: Bankruptcy Section</u> <u>115 S. Andrews Ave. A-100</u> <u>Ft. Lauderdale, FL 33301, United States</u> Contact phone <u>954-357-7629</u> Contact email <u>swulfekuhle@broward.org</u> Uniform claim identifier (if you use one): _____	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

☐ No

☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0500

7. How much is the claim?

\$ 2018.56

. Does this amount include interest or other charges?

☐ No

☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

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.

Estimated 2025 Tangible Taxes

9. Is all or part of the claim secured?

☐ No

☒ Yes. The claim is secured by a lien on property.

Nature or 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: tangible personal property assessed on 01/01/2025

Basis for perfection: Section 197.122, Florida Statutes

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ 102,103.00

Amount of the claim that is secured: \$2018.56

Amount of the claim that is unsecured: \$.00 (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$.00

Annual Interest Rate (when case was filed) 18 %

☒ Fixed

☐ Variable

10. Is this claim based on a lease?

☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition. \$_____

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 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 every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/25/2025
MM / DD / YYYY

/s/Stacy E. Wulfekuhle
Signature

Print the name of the person who is completing and signing this claim:

Name Stacy E. Wulfekuhle
First name Middle name Last name

Title Paralegal

Company Broward County Attorneys Office
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address Broward County Attorneys Office, 115 S. Andrews Ave. Rm. 423, Ft. Lauderdale, FL, 33301, United States

Contact phone 954-357-7629 Email sandron@broward.org



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 927-7076 | International (310) 751-2650

Debtor: 25-10368 - Air Pros, LLC District: Northern District of Georgia, Newnan Division		
Creditor: Broward County Tax Collector Attn: Bankruptcy Section 115 S. Andrews Ave. A-100 Ft. Lauderdale, FL, 33301 United States Phone: 954-357-7629 Phone 2: Fax: Email: swulfekuhle@broward.org	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Estimated 2025 Tangible Taxes	Last 4 Digits: Yes - 0500	Uniform Claim Identifier:
Total Amount of Claim: 2018.56	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: Yes: 2018.56 Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Other Describe: tangible personal property assessed on 01/01/2025 Value of Property: 102,103.00 Annual Interest Rate: 18%, Fixed Arrearage Amount: .00 Basis for Perfection: Section 197.122, Florida Statutes Amount Unsecured: .00	
Submitted By: Stacy E. Wulfekuhle on 25-Mar-2025 9:51:38 a.m. Eastern Time Title: Paralegal Company: Broward County Attorneys Office Optional Signature Address: Broward County Attorneys Office 115 S. Andrews Ave. Rm. 423 Ft. Lauderdale, FL, 33301 United States Telephone Number: 954-357-7629 Email: sandron@broward.org		

BROWARD COUNTY
Abbey Ajayi - Tax Collector

2025 Commercial Personal Property (Estimated)
Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

Folio: 854314

Property ID Number	Escrow Code	Assessed Value	Exemptions	Taxable Value	Millage Code
600008096844		See Below	See Below	See Below	0513

AIR PROS
AIR CONDITIONING AND HEATING
PO BOX 291676
DAVIE, FL 33309

UNKNOWN
2801 EVANS ST
AREA P

PER F.S.197.343 1, IF THE TAXES FOR THE YEAR 2XXX ON YOUR PROPERTY ARE NOT PAID, A TAX CERTIFICATE WILL BE SOLD FOR THESE TAXES AND YOUR PROPERTY MAY BE SOLD AT A FUTURE DATE. CONTACT THE TAX COLLECTOR'S OFFICE AT ONCE. AS OF APRIL 1, ONLY CASH/CASHIER'S CHECK/MONEY ORDER WILL BE ACCEPTED. TAX CERTIFICATE SALE MM-DD-YYY.

AD VALOREM TAXES					
Taxing Authority	Millage	Assessed Val	Exemptions	Taxable Val	Taxes Levied
BROWARD COUNTY GOVERNMENT					
COUNTYWIDE SERVICES	5.63890	102,103	25,000	77,103	434.78
VOTED DEBT	0.03010	102,103	25,000	77,103	2.32
BROWARD CO SCHOOL BOARD					
GENERAL FUND	4.81100	102,103	25,000	77,103	370.94
CAPITAL OUTLAY	1.50000	102,103	25,000	77,103	115.66
VOTER APPROVED DEBT LEVY	0.15450	102,103	25,000	77,103	11.91
SO FLORIDA WATER MANAGEMENT					
EVERGLADES C.P.	0.03270	102,103	25,000	77,103	2.52
OKEECHOBEE BASIN	0.10260	102,103	25,000	77,103	7.91
SFWM DISTRICT	0.09480	102,103	25,000	77,103	7.31
SOUTH BROWARD HOSPITAL	0.08690	102,103	25,000	77,103	6.70
CHILDREN'S SVCS COUNCIL OF BC	0.45000	102,103	25,000	77,103	34.70
CITY OF HOLLYWOOD					
HOLLYWOOD OPERATING	7.44790	102,103	25,000	77,103	574.26
DEBT SERVICE	0.56530	102,103	25,000	77,103	43.59
FL INLAND NAVIGATION	0.02880	102,103	25,000	77,103	2.22
PENALTY 25%					403.74
Total Millage:		20.94350	Ad Valorem Taxes:		\$2,018.56
NON - AD VALOREM ASSESSMENTS					
Levying Authority	Rate			Amount	
Non - Ad Valorem Assessments:					\$0.00
Combined Taxes and Assessments:					\$2,018.56
				Claim Amount	2018.56

BROWARD COUNTY
Abbey Ajayi - Tax Collector

2025 Commercial Personal Property
Notice of Ad Valorem Tax and Non-Ad Valorem Assessments

Folio: 854314

Make checks payable to:

BROWARD COUNTY TAX COLLECTOR
GOVERNMENTAL CENTER ANNEX
115 S. ANDREWS AVENUE, ROOM # A100
FORT LAUDERDALE, FL 33301-1895

Property ID Number
600008096844

**ONLY CASH , CASHIER'S CHECK OR MONEY
ORDER ACCEPTED**

AIR PROS
AIR CONDITIONING AND HEATING
PO BOX 291676
DAVIE, FL 33309

Claim Amount	2018.56

Return with Payment

Please Pay Only One Amount

Prior Year(s) Taxes Due