## UNITED STATES BANKRUPTCY COURT

	DISTRICT OF Dela	aware
In re: Comfort Pharmacy 2, LLC  Debtor(s)	\$ \$ \$	Case No. 24-10174  Lead Case No. 24-10164
Debtor(s)	8	☑ Jointly Administered
Post-confirmation Report		Chapter 11
Quarter Ending Date: 08/13/2024		Petition Date: <u>02/04/2024</u>
Plan Confirmed Date: 06/28/2024		Plan Effective Date: 06/28/2024
This Post-confirmation Report relates to:   Reor  Othe	ganized Debtor r Authorized Party or Entity: _	Name of Authorized Party or Entity
/s/ Eladio Gil	Eladio Gi	1
Signature of Responsible Party	Printed N	ame of Responsible Party
09/06/2024 Date		
	9725 NW	117th Ave, Miami, FL 33178

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Address



Case No. 24-10174

## Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$1,042,795	\$1,042,795
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$1,042,795	\$1,042,795

	reconfirmation Professional	·	Approved	Approved	Paid Current	Paid
_	Du-f'1 f 0 (h1		Current Quarter	Cumulative	Quarter	Cumulative
i i	Professional fees & expenses (bank incurred by or on behalf of the deb	tor Aggregate Total				
	Itemized Breakdown by Firm					
	Firm Name	Role				
i	i					
i	i					
i	iii					
i	v					
V	V					
V	vi					
V	vii					
V	viii					
i	X					
Х	X					
Х	кi					
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Х	xiii					
Х	xiv					
Х	XV					
Х	xvi					
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				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
b.	Profess incurre	ional fees & expenses (nonband by or on behalf of the debtor	kruptcy) Aggregate Total				
	Itemize	d Breakdown by Firm					
		Firm Name	Role				
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	iii						
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	vi						

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Debtor's Name Comfort Pharmacy 2, LLC		(	Case No. 24-10	174
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c. All professional fees and expenses (debtor & committees)	\$0	\$0	\$0	\$0

P	art 3: Recovei	ries of the Holde	ers of Claims and	l Interests under	Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire							
a. Is this a final report?		Yes 💿	No 🔿				
If yes, give date Final Decree was entered:	08/13/2024						
If no, give date when the application for Final Decree is anticipated:							
b. Are you current with quarterly LLS. Trustee fees as set forth under 28 LLS C. 8	8 1930?	Yes 📵	No. C				

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Debtor's Name Comfort Pharmacy 2, LLC

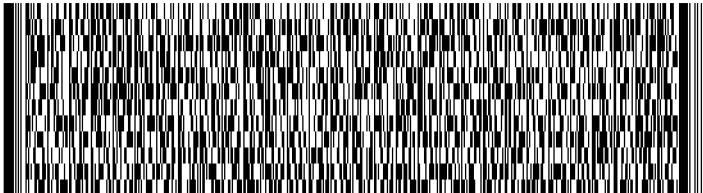
Case No. 24-10174

## **Privacy Act Statement**

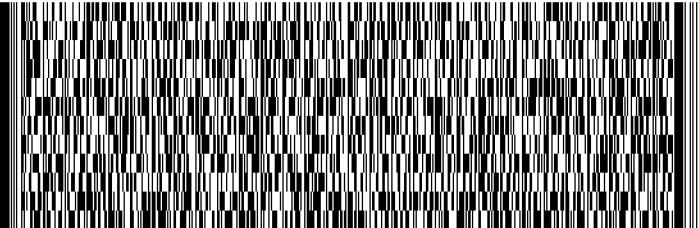
28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules\_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

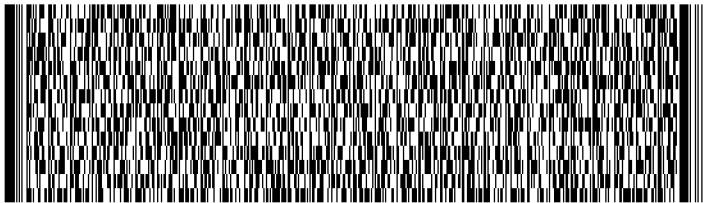
/s/ Eladio Gil	Eladio Gil
Signature of Responsible Party	Printed Name of Responsible Party
Chief Financial Officer	09/06/2024
Title	Date



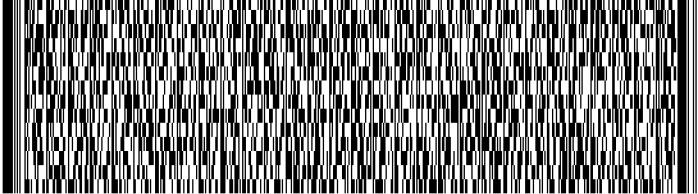
Page 1



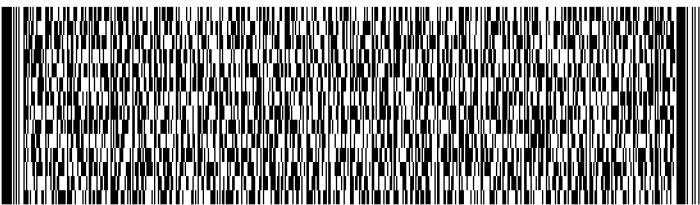
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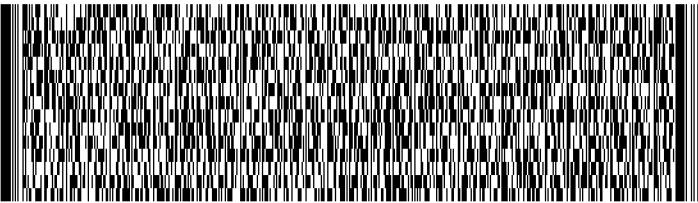
Page 2 Minus Tables



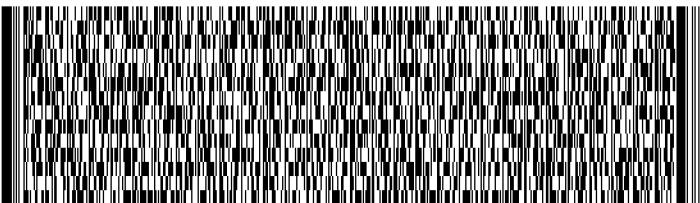
Bankruptcy Table 1-50



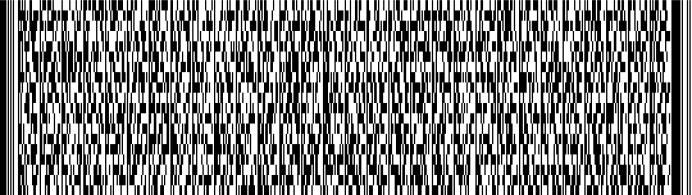
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



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