mint of the contract of	Jan 16 of the control	Claim #8 Date Filed: 7/10/2025
Fill in this information to	dentify the case:	
Debtor 1 HGE FI	CILLC	
Debtor 2 (Spouse, if filing)		
United States Bankruptc	Court for the: Northern District of Texas, Dallas Div	ision
Case number 25-801		
Official Form 410		☑ Date Stamped Copy Returned☑ No self addressed stamped envelope
Proof of Cla	im	□ No copy to return
		11/2
a request for payment of	ore filling out this form. This form is for making a claim for pa in administrative expense. Make such a request according to	o 11 U.S.C. § 503.
that support the claim, such and security agreements. I attachment.	dact information that is entitled to privacy on this form or on any a as promissory notes, purchase orders, invoices, itemized state to not send original documents; they may be destroyed after	ments of running accounts, contracts, judgments, mortgage r scanning. If the documents are not available, explain in a
A person who files a fraudu Fill in all the information a	ent claim could be fined up to \$500,000, imprisoned for up to 5 yo bout the claim as of the date the case was filed. That date is	ears, or both. 18 U.S.C. §§ 152, 157, and 3571. on the notice of bankruptcy (Form 309) that you receive
Part 1: Identify the	Claim	
Who is the current creditor?	214 E Hallandale Beach LLC Name of the current creditor (the person or entity to be paid for	or this claim)
	Other names the creditor used with the debtor See attached	d addendum
2. Has this claim been	□ No	
acquired from someone else?	Yes. From whom? See attached addendum	
3. Where should notice and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of	214 E Hallandale Beach LLC c/o Winstead PC Attn: Annmarie Chiarello	214 E Hallandale Beach LLC Attn: Martin Saidon
Bankruptcy Procedure (FRBP) 2002(g)	Name	Name
	500 Winstead Building, 2728 N. Harwood Street Number Street	1395 Brickell Avenue, Suite 760 Number Street
RECEIVED		
JUL 1 0 2025	Dallas TX 75201 City State ZIP Code	Miami FL 33131 City State ZIP Code
	Contact phone (214) 745-5410	Contact phone <u>305.692.0334</u>
ERITA GLOBA	Contact email <u>achiarello@winstead.com</u>	Contact email martin@fortecnow.com
	Uniform claim identifier for electronic payments in chapter 13	(if you use one
4. Does this claim ame		
one already filed?	☐ Yes. Claim number on court claims registry	Filed on
5. Do you know if anyo		
else has filed a proo of claim for this clair		

