

**Fill in this information to identify the case:**

Debtor 1 LIMETREE BAY TERMINALS, LLC  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filling)  
 United States Bankruptcy Court for Houston District of TX  
 Case number 21-32352 (State)

**Pre-Petition Claim**

United States Courts  
 Southern District of Texas  
**FILED**

RECEIVED

AUG 16 2021

AUG 12 2021

**Official Form 410**

**BMC GROUP**

**Proof of Claim**

Nathan Ochsner, Clerk of Court

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.

**Part 1: Identify the Claim**

1. Who is the current creditor? Tennessee Department of Revenue  
 Name of the 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?  No.  
 Yes. From whom? \_\_\_\_\_

3. Where should notices 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 Bankruptcy Procedure (FRBP) 2002(g)	<u>TDOR c/o Attorney General</u> Name <u>PO Box 20207</u> Number Street <u>Nashville TN 37202-0207</u> City State ZIP Code Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
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4. Does this claim amend one already filed?  No.  
 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?  No.  
 Yes. Who made the earlier filing? \_\_\_\_\_

LIMETREE POC  
  
 00026

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

6. Do you have any number you use the identify the debtor?  No.  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \*\*\_\*\*\*1776

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7. How much is the claim? \$ 3,502.44. 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).

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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 document supporting the claim required by Bankruptcy Rule 3001(c).  
 Limit disclosed information that is entitled to privacy, such as healthcare information.  
Taxes

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9. Is all of part of the claim secured?  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 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:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate (when case was filed)** \_\_\_\_\_ %  
 Fixed  
 Variable

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10. Is this claim based on a lease?  No.  Yes. Amount necessary to cure any default as of the date of petition. \$ \_\_\_\_\_

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11. Is this claim subject to a right of setoff?  No.  Yes. Identify the property: \_\_\_\_\_

12. **Is all of 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.

<input type="checkbox"/> No.		<b>Amount entitled to priority</b>
<input checked="" type="checkbox"/> Yes. Check all that apply:		
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		\$ <u>0.00</u>
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).		\$ <u>0.00</u>
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) 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).		\$ <u>0.00</u>
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).		\$ <u>3,052.44</u>
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).		\$ <u>0.00</u>
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( <u>  </u> ) that applies.		\$ <u>0.00</u>

\* Amounts are subject to adjustment on 4/1/16 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

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

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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 a reasonable belief that the information is true and correct.

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.

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

Executed on date 02-Aug-2021  
MM / DD / YYYY

x /s/Jordan Hollis  
Signature

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

Name Jordan Hollis  
First Name Middle Name Last Name

Title Revenue Collection Specialist 2

Company Tennessee Department of Revenue  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Deaderick St  
Number Street

Nashville TN 37242  
City State ZIP Code

Contact phone (615) 532-6322 Email jordan.hollis@tn.gov



STATE OF TENNESSEE  
DEPARTMENT OF REVENUE

**Legal Claims Summary Sheet**

LIMETREE BAY TERMINALS, LLC  
TAXPAYER'S NAME

21-32352  
CASE NUMBER

LIMETREE BAY TERMINALS, LLC  
BUSINESS NAME

11  
CHAPTER #

July 12, 2021  
DATE PENALTY & INTEREST THROUGH

July 12, 2021  
DATE PETITION FILED

CHRISTIANSTED, 00820  
CITY STATE ZIP

1<sup>ST</sup> CREDITORS MEETING

AX TYPE	ACCT NUMBER	PERIOD END	RTN OR EST	TAX	PENALTY	INTEREST	BALANCE
Franchise and Excise	1001877152	12/31/2020	Estimate	\$3,000.00	\$450.00	\$52.44	\$3,502.44
<b>Total</b>				<b>\$3,000.00</b>	<b>\$450.00</b>	<b>\$52.44</b>	<b>\$3,502.44</b>

# Southern District of Texas Claims Register

**21-32352 Limetree Bay Refining Holdings, LLC Jointly Administered under 21-32351.**

**Bankruptcy Judge:** David R Jones      **Chapter:** 11  
**Office:** Houston      **Last Date to file claims:**  
**Trustee:**      **Last Date to file (Govt):**

*Creditor:* (11945813)      **Claim No:** 1      *Status:*  
Tennessee Department of      *Original Filed*      *Filed by:* CR  
Revenue      *Date:* 08/12/2021      *Entered by:* 4 JosephWells  
c/o Attorney General      *Original Entered*      *Modified:*  
PO Box 20207      *Date:* 08/12/2021  
Nashville, TN 37202-0207

Amount claimed: \$3502.44  
Priority claimed: \$3052.44

*History:*

Details    1-1    08/12/2021 Claim #1 filed by Tennessee Department of Revenue, Amount claimed: \$3502.44  
(JosephWells, 4)

*Description:* (1-1) Taxes

*Remarks:*

## Claims Register Summary

**Case Name:** Limetree Bay Refining Holdings, LLC Jointly Administered under 21-32351.  
**Case Number:** 21-32352  
**Chapter:** 11  
**Date Filed:** 07/12/2021  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$3502.44
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$3052.44	
<b>Administrative</b>		