

Fill in this information to identify the case:

Debtor 1 Leisure Investments Holdings LLC dba The Dolphin Company

Debtor 2 _____
 (Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 3:25-bk-10606

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CLERK
 US BANKRUPTCY COURT
 DISTRICT OF DELAWARE

12/15

Official Form 410

Proof of Claim

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? Flagler County Tax Collector – Shelly Edmonson
 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? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Where should notices to the creditor be sent?
 Shelly Edmonson, CFC
 Flagler County Tax Collector
 PO Box 846
 Bunnell, FL 32110

Where should payments to the creditor be sent? (if different)

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____

Contact phone _____
 Contact phone jwestbrook@flaglertax.gov

Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

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? _____

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Part 2:

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: 5095209

7. How much is the claim? \$ 8,234.83 Plus 18% Statutory Interest. 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. 2024 Tangible Property Tax

9. Is all or 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: FL Statutes 192.053, 197.122(1) 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: \$412,227 Amount of the claim that is secured: \$8,234.83

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) 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: _____

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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).

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).

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).

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 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).

If you file this claim electronically, FRBP 5005(a)(2) 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 acknowledgment 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.

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

Executed on date 08/25/2025
MM / DD / YYYY

/s/ Jessica Westbrook

Signature

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

Name Jessica Westbrook
First name Middle name Last name

Title Bankruptcy Analyst

Company Flagler County Tax Collector - Shelly Edmonson
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 846
Number

Bunnell FL 32110
City State ZIP Code

Contact phone 386-313-4160 Email jwestbrook@flaglertax.gov

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PARCEL I.D. NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
5095209		SEE BELOW	SEE BELOW	SEE BELOW	132

MARINELAND LEISURE INC
(DOLPHIN DISCOVERY)
MARINELAND
9600 OCEANSHORE BLVD
MARINELAND, FL 32080

9600 OCEAN SHORE BLVD, MARINELAND

Bankrupt, BANKRUPTCY

AD VALOREM TAXES							
TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED		
C100 FLAGLER COUNTY							
GENERAL FUND	7.8695	412,227	25,000	387,227		3,047.29	
ESL	0.1250	412,227	25,000	387,227		48.40	
2015 G O BONDS	0.1148	412,227	25,000	387,227		44.46	
2009/2016 ESL BONDS	0.1250	412,227	25,000	387,227		48.40	
S200 FLAGLER COUNTY SCHOOL BOAF							
GENERAL FUND	3.1170	412,227	25,000	387,227		1,206.99	
DISCRETIONARY	0.7480	412,227	25,000	387,227		289.65	
CAP. OUTLAY	1.5000	412,227	25,000	387,227		580.84	
T500 TOWN OF MARINELAND	10.0000	412,227	25,000	387,227		3,872.27	
EFMC EAST FLAGLER MOSQUITO CTRL	0.3250	412,227	25,000	387,227		125.85	
WWMD ST. JOHNS RIVER WATER MGMT	0.1793	412,227	25,000	387,227		69.43	
FIND FL INLAND NAVIGATION DISTRICT	0.0288	412,227	25,000	387,227		11.15	
TOTAL MILLAGE					24.1324	AD VALOREM TAXES	\$9,344.73

NON-AD VALOREM TAXES		
LEVYING AUTHORITY	RATE	AMOUNT
NON-AD VALOREM ASSESSMENTS		\$0.00

Please retain this portion for your records.

ESTIMATED INCREASE	\$	<input type="text" value="0.00"/>
TOTAL TAX DUE	\$	<input type="text" value="8234.83"/>
SECURED CLAIM AMOUNT	\$	<input type="text" value="8234.83"/>

Bunnell / Main Office
1769 E Moody Blvd, Bldg. 2, Ste 102
Bunnell, FL 32110

Palm Coast Branch Office
213 St. Joe Plaza Dr
Palm Coast, FL 32164

Flagler Beach Branch Office
2525 Moody Blvd
Flagler Beach, FL 32136