

Fill in this information to identify the case:

Debtor 1 **FLEXI COMPRAS AUTOS, LLC**

Debtor 2
 (Spouse, if filing)

United States Bankruptcy Court for the: **Northern District of TX**

Case number **25-33490** - Chapter 7

Official Form 410 Proof of Claim

04/25

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?	<u>Bexar County</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? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 112 E. PECAN STREET, SUITE 2200 SAN ANTONIO, TX 78205 (210) 225-6763 sanantonio.bankruptcy@lgbs.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (If different) BEXAR COUNTY TAX ASSESSOR COLLECTOR 233 N PECOS LA TRINIDAD SAN ANTONIO, TX 78207
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: _____	
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	<input type="checkbox"/> No
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identify the debtor?	<input checked="" type="checkbox"/> Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ SEE ATTACHED EXHIBITS
7. How much is the claim?	\$ <u>\$573.05</u> Does this amount include interest or other charges? <div style="text-align: center;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Attach statement itemizing interest, fees, expenses or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>
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. <div style="text-align: center; border-top: 1px solid black; padding-top: 5px;"> AD VALOREM TAXES </div>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes The claim is secured by a lien on property. <div style="margin-left: 20px;"> Nature of property: <input type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> </div> <div style="margin-left: 20px;"> Basis for perfection: <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> 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.) </div> <div style="margin-left: 20px;"> Value of property: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$573.05</u> 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: \$ <u>\$573.05</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable </div>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Identify the property: _____
12. Is all or part of the claim entitled to priority under 11 U.S.C. 507(a)? <small>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</small>	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Check all that apply:</i> </div> <div style="text-align: right;"> Amount entitled to priority </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ <input type="checkbox"/> Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ <input type="checkbox"/> Wages, salaries, or commissions (up to \$17,150*) 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). \$ _____ </div>

<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/28 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 co-debtor. 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 September 12, 2025

/s/Don Stecker

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

Name : Don Stecker

Title : Attorney TXBN 19095300

Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address : 112 E. PECAN STREET, SUITE 2200
SAN ANTONIO, TX 78205
(210) 225-6763

sanantonio.bankruptcy@lgbs.com

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

IN RE:	§	
	§	CASE NO. 25-33490
FLEXI COMPRAS AUTOS, LLC	§	
	§	
	§	CHAPTER 7
DEBTOR(S)	§	

BEXAR COUNTY
PROOF OF CLAIM SUMMARY OF EXHIBITS

<u>Exhibit No.</u>	<u>Account No.</u>	<u>Tax Years included in Claim</u>	<u>Amount Due</u>
1	000001375206	2025 EST	\$573.05
TOTAL:			\$573.05

Prev. Acc... Next Acc... Prev. Owner Next Owner Acct History Acct Summary **Notes**

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SL62

ACT8006 v1.299

09/12/2025 11:55:35
BCTOPROD

STATUS DETAIL Expand Fees Summary

Account Information

Account No. 000001375206 Roll Code PERSONAL PRC
 Certified Owner FLEXI COMPRAS AUTOS LLC
 Parcel Address 2923 SW MILITARY DR
 Amount Due as of 09/12/2025 Owner No. 0

Tax Units

Tax Unit Description
 List of Tax Units
 8 9 10 11 19 21 58
 AG INCLUDED Remove Fees Countywide

Tax Unit, Yr, Rec. Type

Tax Unit
 Year
 Rec. Type
 Multi Select

Amount Due/Paid Information

Year	Market Value	H	O	V	D	Base Levy	Paid Levy	Other Fees	Remaining Levy	Fees	Refund	Amount Due
2024	\$23,100				0	\$573.05	\$573.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2023	\$12,380				0	\$303.70	\$303.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
					Excodes							
					Excodes							
					Excodes							
					Excodes							
					Excodes							
					Excodes							
					Excodes							
					Excodes							
Totals						\$876.75	\$876.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Last Payment Date 01/29/2025												
Last Payer TRICOLOR AUTO GROUP, LLC						Alert						

EST 2025 TX YR \$573.05

BEXAR COUNTY
 TAX ASSESSOR COLLECTOR
 233 N PECOS LA TRINIDAD
 SAN ANTONIO, TX 78207

Prev. Acc... Next Acc... Prev. Owner Next Owner Acct History Acct Summary **Notes**

Go To:

SL62
ACT8006 v1.299

09/12/2025 11:55:35
BCTOPROD

Status Detail Expand Fees **SUMMARY**

Account Information

Account No. 000001375206
Owner No. 0 Owner Percentage 1.00
Parcel Address 2923 SW MILITARY DR
Roll Code PERSONAL PROPERTY

List of Mortgage Companies

Year	Fido	Fiduciary Name
2024	3374591	TAX ADVISORS GROUP
2023	3374591	TAX ADVISORS GROUP

Total Due

Total Due
\$0.00

Payment Agmt. No.

Legal Description

Legal Description GANAS YA 2923 SW MILITARY DR FURN FIXT
MACH EQP SUP XREF 75000-202-2115

Legal Information

Year	Legal Status	Cause No.	Bankruptcy No.

Other Information

Certified Date
10/01/2024
Legal Acres
0

Owner Information

Certified Owner FLEXI COMPRAS AUTOS LLC
Owner DANIEL CHU - PRES
Address 6021 CONNECTION DR 4TH FLOOR

IRVING TX 75039-2607

Alternate Owner
Address

BEXAR COUNTY
TAX ASSESSOR COLLECTOR
233 N PECOS LA TRINIDAD
SAN ANTONIO, TX 78207