

In re:

ASSIGNMENT FOR BENEFIT OF
CREDITORS OF:

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

PROPER BSD, LLC, a Colorado limited
liability company

Assignor,

To:

NIR GAVRA,

Case No. 2023-018976-CA-01

Division: CA44

Assignee

NOTICE OF ASSIGNMENT

TO ALL CREDITORS AND OTHER INTERESTED PARTIES:

PLEASE TAKE NOTICE that on June 27, 2023, a petition was filed commencing an assignment for the benefit of creditors proceeding, pursuant to Chapter 727, Florida Statutes, made by Proper BSD, LLC, with its principal place of business at 1801 NE 123rd Street, North Miami, FL 33181 to Nir Gavra, Assignee, with its principal place of business at 20900 NE 30th Avenue, Suite 514, Aventura, FL 33180.

Pursuant to Section 727.105, Fla. Stat., no proceeding may be commenced against the Assignee except as provided in Chapter 727 and excepting the case of a consensual lienholder enforcing its rights in personal property or real property collateral, there shall be no levy, execution, attachment or the like, in connection with any judgment or claim against assets of the Estate in possession custody or control of the Assignee.

YOU ARE HEREBY further notified that in order to receive any dividend in this proceeding you must file a proof of claim with Nir Gavra, Assignee, 20900 NE 30th Avenue,

Suite 514, Aventura, FL 33180 (120 days from the date of the filing of this petition).

Dated: July 6, 2023.

HOFFMAN, LARIN & AGNETTI, P.A.

Proposed Counsel for the Assignee

909 North Miami Beach Boulevard, Suite 201

North Miami Beach, Florida 33162

Telephone: 305.653.5555

Facsimile: 305.940.0090

Email: mshoffman@hlalaw.com

By: /s/ Michael S. Hoffman

MICHAEL S. HOFFMAN

Florida Bar No. 41164

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PROOF OF CLAIM

TO RECEIVE ANY DIVIDEND IN THIS PROCEEDING, YOU MUST COMPLETE THIS
PROOF OF CLAIM AND DELIVER IT OT THE ASSIGNEE NO LATER THAN

OCTOBER 25, 2023

THE ASSIGNEE'S NAME AND ADDRESS ARE AS FOLLOWS:

Nir Gavra, Assignee
20900 NE 30th Avenue, Suite 514, Aventura, FL 33180

1. **CREDITOR NAME (Your name):** _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

Please be sure to notify us if you have a change of address.

2. **BASIS FOR CLAIM:**

☐ Goods Sold

☐ Wages, Salaries and Compensations

☐ Secured Creditor (Collateral: _____)

☐ Services Performed

☐ Taxes

☐ Money Loaned

☐ Customer Deposit

☐ Shareholder

☐ Other: _____

3. **DATE DEBT WAS INCURRED:** _____

4. **AMOUNT OF CLAIM:** _____

5. **SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. **SIGNATURE:** Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

DATED: _____

BY: _____
Signature of Claimant or Representative

Print Name and Title Here