

**United States Bankruptcy Court
 Southern District of Florida**

↓ THE SPACE BELOW IS FOR COURT USE ONLY ↓

In re:	Case Number:	
Customer Name		
CB Theater Experience, LLC 20-14699		

Name of Creditor:
 (The person or other entity to whom the debtor owes money or property)
FLORIDA POWER & LIGHT COMPANY

Name and Address Where Notices Should be Sent:
 Florida Power & Light Company ID #59-0247775
 4200 W. Flagler St.
 Miami, Florida 33134

Check here if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of the statements giving particulars. Check here if you have never received any notices from the bankruptcy court in this case. Check here if address differs from the address on the envelope sent to you by the court.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **1044** Check here if this claim: amends } a previously filed claim, dated ____/____/____ replaces }

1. BASIS FOR CLAIM:
 Goods Sold Taxes Wages, salaries and compensation (fill out below)
 Services performed X Other - Electric services for post petition service pursuant to 11 U.S.C. § 503. Your Social Security Number: _____
 Unpaid compensations for services performed
 Money loaned Retiree Benefits as defined in 11 U.S.C § 1114(a) from _____ to _____
(date) (date)

2. DATE DEBT WAS INCURRED: July-September 2020 **3. IF COURT JUDGMENT, DATE JUDGMENT WAS OBTAINED:**

4. CLASSIFICATION OF CLAIM:
 Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Non priority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF YOUR CLAIM.

SECURED CLAIM \$ _____
 Attach evidence of perfection of security interest. Brief description of Collateral:
 Real Estate Motor Vehicle Other - Cash Deposit
 Amount of Arrearage and other charges (i.e., professional expenses) included in secured claim above, If any: \$ _____

UNSECURED NON-PRIORITY CLAIM \$ _____
 A claim is unsecured if there is no collateral or lien on the property of the debtor securing the claim, or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM pursuant to 11 U.S.C. § 503.
 Specify priority of the claim.
 Wages, Salaries, or commissions (up to \$2000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
 Contribution to an employee benefit plan - 11 U.S.C. § 507(a)(4).
 Up to \$900 of Deposits toward purchase, lease or rental of property or service for personal, family or household use - 11 U.S.C. § 507(a)(6).
 Taxes of government units - 11 U.S.C. § 507(a)(7).
 Other - 11 U.S.C. § 507(a)(2), (a)(5) - (Describe briefly)

5. TOTAL AMOUNT OF CLAIM

\$ «UnsecuredAmt» (Unsecured)	\$ «SecuredAmt» (Secured)	\$ 26,580.79 (Priority)	\$ 26,580.79 (TOTAL)
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Check this box if claim includes prepetition charges (interest, expenses, etc.) In addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this claim. In filing this claim, claimant has deducted all amounts that claimant owes debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a detailed summary.

8. TIME STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and a copy of this proof of claim.

Sign and print or Type the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Name: Sandy Webb Title: Bankruptcy Administrator Signature: Date: September 15, 2020 Daytime Telephone Number: 305-529-6108	↓ THE SPACE BELOW IS FOR COURT USE ONLY ↓
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Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 357.

AROS **A/R OUTSTANDING** **A/R OUTSTANDING** 09/15/20 20:02:46
 10599-24579 11 05 405 ELE ACT 04/25/20 2/070/ MV54935 UCS0
 CB THEATER EXPERIENCE, LLC DIP PH (205)940-4404 S SPEC
 1850 LEGENDS LN S/T# XX-XXXXXXX AMR POL CCIN
 DAYTONA BEACH FL 32114 M
 PMT P 08/12/20 5,887.31 P 06/24/20 6,765.58
 UNAPPLIED EXCR

BILL DT 09/08/20	BILL DT 08/07/20	MISC CHARGES	PAGE 1 OF 1
DUE DT 09/29/20	DUE DT 08/28/20	CHG DT	DUE DT DESC O/S AMOUNT
ELEC 7,270.81	ELEC 6,174.51		
LPC 93.94	LPC 88.31		
PREV 6,262.82			

TOTAL	13,627.57	TOTAL MISC	0.00
LPC BASIS	6,262.82	CURRENT BALANCE	13,627.57
UNBILLED PAYMENT EXTENSION BALANCE	0.00	TOTAL BALANCE	13,627.57
0-29 DAYS	7,364.75	30-59	6,262.82
60-89	0.00	90+	0.00
REQUESTED BY		CUSTOMER CONTACT	N (Y/N)
NEXT TYPE A FIND		GWA	90
COMPLETE LIST			
13-DUP BILL	15-PYMT HIST	17-DEBIT HIST	22-BILL IMAGE
			NEWS

AROS **A/R OUTSTANDING** **A/R OUTSTANDING** 09/15/20 20:06:08
 07386-95592 56 15 215 ELE ACT 04/25/20 2/070/ MV51300 UCSN
 CB THEATER EXPERIENCE, LLC DIP PH (205)940-4404 S SPEC
 3501 S TAMiami TRL # BISTR S/T# XX-XXXXXXX AMR POL CCIN
 SARASOTA FL 34239 M
 PMT P 08/12/20 4,062.17 P 06/24/20 2,292.62 P 06/09/20 2,292.62
 UNAPPLIED EXCR
 BILL DT 08/21/20 BILL DT 07/22/20 MISC CHARGES PAGE 1 OF 1
 DUE DT 09/11/20 DUE DT 08/12/20 CHG DT DUE DT DESC O/S AMOUNT
 ELEC 3,465.73 ELEC 3,648.21 09/14/20 LPC 110.23
 LPC 57.38 LPC 62.65
 PREV 3,825.49 PREV 114.63

TOTAL 7,348.60 TOTAL MISC 110.23
 LPC BASIS 3,825.49 CURRENT BALANCE 7,458.83
 UNBILLED PAYMENT EXTENSION BALANCE 0.00 TOTAL BALANCE 7,458.83
 0-29 DAYS 3,633.34 30-59 3,710.86 60-89 0.00 90+ 114.63
 REQUESTED BY _____ CUSTOMER CONTACT N (Y/N)
 NEXT _____ TYPE A FIND _____ GWA 90
COMPLETE LIST
 13-DUP BILL 15-PYMT HIST 17-DEBIT HIST 22-BILL IMAGE NEWS

AROS **A/R OUTSTANDING** **A/R OUTSTANDING** 09/15/20 20:07:34
04561-95262 83 18 318 ELE ACT 04/25/20 2/070/ MV59663 ASM3 UCS0
CB THEATER EXPERIENCE, LLC DIP PH (205)940-4404 S SPEC
11471 NW 12TH ST STE 615 S/T# XX-XXXXXXX AMR POL CCIN
MIAMI FL 33172 M
PMT P 08/12/20 3,176.08 P 06/24/20 2,032.31
UNAPPLIED EXCR

BILL DT 08/26/20	BILL DT 07/27/20	MISC CHARGES	PAGE 1 OF 1
DUE DT 09/16/20	DUE DT 08/17/20	CHG DT	DUE DT DESC O/S AMOUNT
ELEC 3,493.99	ELEC 3,183.78		
LPC 48.47	LPC 47.64		
PREV 3,231.42			

TOTAL	6,773.88	TOTAL MISC	0.00
LPC BASIS	3,231.42	CURRENT BALANCE	6,773.88
UNBILLED PAYMENT EXTENSION BALANCE	0.00	TOTAL BALANCE	6,773.88
0-29 DAYS	3,542.46	30-59	3,231.42
60-89	0.00	90+	0.00
REQUESTED BY		CUSTOMER CONTACT	N (Y/N)
NEXT TYPE A FIND		GWA	90
COMPLETE LIST			
13-DUP BILL	15-PYMT HIST	17-DEBIT HIST	22-BILL IMAGE
			NEWS

