Case 11-13603-C	SS Doc 2525	Eiled 11/11/21	Docket #2525 Date Filed: 11/11/2021
UNITED S	STATES BANK	RUPTCY COUR	Т
	DISTRICT (OF Delaware	-
In re: Blitz RE Holdings, LLC	\$ \$	Case No.	<u>11-13607</u> e No. 11-13603
Debtor(s)	§ §		y Administered
Post-confirmation Report			Chapter 11
Quarter Ending Date: 06/30/2021	-	Peti	tion Date: 11/09/2011
Plan Confirmed Date: 01/30/2014	-	Plan Effec	ctive Date: <u>03/20/2014</u>
This Post-confirmation Report relates to: O Rec	-		s Sala Mambar Stavan D Sas
(•) Oth	er Authorized Party o	r Entity: Sleven D Sas	s, Sole Member Steven D Sas

Name of Authorized Party or Entity

/s/ Steven D. Sass Signature of Responsible Party

11/08/2021

Date

Steven D Sass Printed Name of Responsible Party

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.



Debtor's Name Blitz RE Holdings, LLC

Case No. 11-13607

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

Part 2:	Preco	nfirmation Professional Fees a	ind Expenses				
				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
a.	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor Aggregate Total			\$0	\$0	\$0	\$0
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i		Financial Professional	\$0	\$0		\$0
	ii		Financial Professional	\$0	\$0	\$0	\$0

				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
b.		ssional fees & expenses (nonbankrup red by or on behalf of the debtor		\$0			
	Itemi	zed Breakdown by Firm					
		Firm Name	Role				
	i		Other		\$0		
	ii		Financial Professional		\$0		
c.	All professional fees and expenses (debtor & committees)						

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire

a. Is this a final report?	Yes 🔿 No 💿
If yes, give date Final Decree was entered:	
If no, give date when the application for Final Decree is anticipated:	
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes 💿 No 🔿

Debtor's Name Blitz RE Holdings, LLC

Case No. 11-13607

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/ rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Steve D. Sass	
Signature of Responsible Party	
Trustee	
Title	

Steven D. Sass
Printed Name of Responsible Party
10/15/2021
Date