

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

In Re:

CRYSTAL CRUISES, LLC
a California Limited Liability company,

CONSUMER

Assignor,

Case No.: 2022-002742-CA01

To:

MARK C. HEALY,

Assignee,

PROOF OF CLAIM

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

JUNE 11, 2022

THE ASSIGNEE'S NAME AND ADDRESS ARE AS FOLLOWS:

Mark Healy, Assignee
MICHAEL MOECKER & ASSOCIATES, INC.
1885 Marina Mile Blvd., Suite 106. Fort Lauderdale, FL 33315
(954) 252-1560 • (954) 252-2791 Fax No.
Info@Moecker.com

1. **CRUISE RESERVATION ID NUMBER(S):** _____
2. **CONSUMER NAME (Your name):** _____
ADDRESS: _____

LAST 4 DIGITS OF CREDIT CARD(S) USED: _____ ☐ Visa ☐ MC ☐ Discover ☐ AMEX ☐ Other
LAST 4 DIGITS OF CREDIT CARD(S) USED: _____ ☐ Visa ☐ MC ☐ Discover ☐ AMEX ☐ Other
TELEPHONE NUMBER: _____
E-MAIL ADDRESS: _____

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

3. **BASIS FOR CLAIM:**
[] Date of Departure _____ Departure Port _____ Return Port _____
[] Future Cruise Payment – ID _____
[] Travel Insurance – Name of Company _____ Account # _____
[] Travel Agency - Name of Company _____
3. **AMOUNT OF CLAIM:** \$ _____
4. **SUPPORTING DOCUMENTS:** Attach copies of supporting documents. such as payment confirmation(s), booking confirmation(s), evidence of coupon, and evidence of payment. If the documents are not available, explain. If the documents are voluminous, attach a summary.

5. **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