

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 11

Check if this an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name ATO Restaurant Associates LLC

2. All other names debtor
used in the last 8 years

Include any assumed
names, trade names and
doing business as names

3. Debtor's federal
Employer Identification
Number (EIN) 46-4268295

4. Debtor's address Principal place of business

7 East 54 St
New York, NY 10022

Number, Street, City, State & ZIP Code

New York
County

Mailing address, if different from principal place of
business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal
place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor ATO Restaurant Associates LLC _____ Name _____ Case number (if known) _____**7. Describe debtor's business**

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor ATO Restaurant Associates LLC
Name _____ Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number, Street, City, State & ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition 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 May 31, 2016
MM / DD / YYYY

X /s/ Ilaria Coletto

Signature of authorized representative of debtor

Ilaria Coletto

Printed name

Title Managing Partner

18. Signature of attorney

X /s/ Mark Frankel

Signature of attorney for debtor

Date May 31, 2016

MM / DD / YYYY

Mark Frankel

Printed name

Backenroth Frankel & Krinsky, LLP

Firm name

**800 Thrid Avenue
New York, NY 10022**

Number, Street, City, State & ZIP Code

Contact phone (212) 593-1100

Email address

8417

Bar number and State

Fill in this information to identify the case:

Debtor name ATO Restaurant Associates LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 31, 2016

X /s/ Ilaria Coletto

Signature of individual signing on behalf of debtor

Ilaria Coletto

Printed name

Managing Partner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **ATO Restaurant Associates LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known): _____

 Check if this is an
amended filing
Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
3 East 54th New York LLC c/o Harwood Reiff LLC 370 Lexington Ave, Ste 505 New York, NY 10017			Disputed			\$236,000.00
AG Adjustments, LTD 740 Walt Whitman Road Melville, NY 11747			Disputed			\$7,606.88
Arista Air Conditioning Corp 38-26 10th Street Long Island City, NY 11101			Disputed			\$2,030.53
Con Edison Electric JAF STATION PO Box 1702 New York, NY 10116			Disputed			\$8,799.61
Con Edison Steam JAF Station 1701 New York, NY 10116			Disputed			\$15,736.81
Conca D'Oro 100 Bomont PI Totowa, NJ 07512						\$8,239.31
De Martino's Fish Market 315-317 Douglass St Brooklyn, NY 11217						\$13,765.32
Empire Provisions PO Box 2246 New Hyde Park, NY 11040						\$9,676.28

Debtor	ATO Restaurant Associates LLC	Case number (if known)		
Name				
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.
Fadaro Fancy Foods Corp NYC Hunts Point Produce Terminal Market Row A Unit 106-A Bronx, NY 10474				Total claim, if partially secured \$14,001.42
Godfrey's Refrig. & Air Cond. Inc. 1094 Utica Ave Brooklyn, NY 11203			Disputed	Deduction for value of collateral or setoff \$3,133.12
Iesi - NY Corporation 1099 Wall Street Lyndhurst, NJ 07071				Unsecured claim \$1,636.50
KB Network News 156 Fifth Ave PH2 New York, NY 10010				\$4,948.87
Mavilo SA Via Losanna 2 Lugano Switzerland				\$140,000.00
Morris Visitor Publications 79 Madison Ave 8th Floor New York, NY 10016				\$2,700.00
Nationwide Insurance Co. PO Box 10479 Des Moines, IA 50306				\$2,173.41
NYC Dept of Consumer Affairs Attn: Licensing Center 42 Broadway New York, NY 10004				\$1,928.97
Open Table, Inc. Payment Lockbox PO Box 671198 Dallas, TX 75267				\$1,909.79
Urban Flora Design 226 E 3rd Street New York, NY 10009				\$1,524.25
Verizon Business PO Box 660072 Dallas, TX 75266			Disputed	\$2,706.49
White Plains Linen 4 John Walsh Blvd Peekskill, NY 10566				\$3,639.96

Fill in this information to identify the case:

Debtor name **ATO Restaurant Associates LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **1,167,166.66****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **1,167,166.66****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **499,284.32****4. Total liabilities**
Lines 2 + 3a + 3b\$ **499,284.32**

Fill in this information to identify the case:

Debtor name **ATO Restaurant Associates LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****\$500.00****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Interaudi Bank****Two checking accounts****\$20,000.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$20,500.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

\$25,000 held by Con Edison Electric**7.1. \$571,666.66 held by landlord****\$596,666.66****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Debtor ATO Restaurant Associates LLC
Name

Case number (*If known*) _____

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$596,666.66

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	10,000.00	-	0.00	=	\$10,000.00
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$10,000.00

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	---	---	------------------------------------

19. **Raw materials**

20. **Work in progress**

21. **Finished goods, including goods held for resale**

Wines, liquors, beverages, food

\$0.00

\$55,000.00

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$55,000.00

24. **Is any of the property listed in Part 5 perishable?**

No

Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No

Yes. Book value _____

Valuation method _____

Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No

Yes

Debtor ATO Restaurant Associates LLC
Name

Case number (*If known*) _____

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. **Office furniture**

40. **Office fixtures**

Kitchen machines, refrigerators, ovens \$0.00 \$25,000.00

41. **Office equipment, including all computer equipment and communication systems equipment and software**

Restaurant computers, printers, office computers \$0.00 \$10,000.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$35,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

Debtor ATO Restaurant Associates LLC _____ Case number (*If known*) _____
Name _____

No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill Restaurant-Liquor License	<u>\$450,000.00</u>	Recent cost	<u>\$450,000.00</u>

66. Total of Part 10.	<u>\$450,000.00</u>
Add lines 60 through 65. Copy the total to line 89.	
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Debtor ATO Restaurant Associates LLC
NameCase number (*If known*) _____Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$20,500.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$596,666.66</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$10,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$55,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$35,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$450,000.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,167,166.66</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,167,166.66</u>

Fill in this information to identify the case:

Debtor name **ATO Restaurant Associates LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **ATO Restaurant Associates LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 3 East 54th New York LLC c/o Harwood Reiff LLC 370 Lexington Ave, Ste 505 New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$236,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address AG Adjustments, LTD 740 Walt Whitman Road Melville, NY 11747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,606.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address AMTRUST NORTH AMERICA PO Box 6939 Cleveland, OH 44101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$711.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Arista Air Conditioning Corp 38-26 10th Street Long Island City, NY 11101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,030.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	ATO Restaurant Associates LLC Name	Case number (if known)
3.5	Nonpriority creditor's name and mailing address Bayer Public Relations 124 W 6th Street #22G New York, NY 10023 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$332.00
3.6	Nonpriority creditor's name and mailing address Berkshire Hathaway Westguard Insurance Company PO Box 785570 Philadelphia, PA 19178-5570 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,444.82
3.7	Nonpriority creditor's name and mailing address CIT 21146 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$198.09
3.8	Nonpriority creditor's name and mailing address CMI Services Corp 240 Crossbay Boulevard Broad Channel, NY 11693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$381.06
3.9	Nonpriority creditor's name and mailing address Con Edison Electric JAF STATION PO Box 1702 New York, NY 10116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$8,799.61
3.10	Nonpriority creditor's name and mailing address Con Edison Steam JAF Station 1701 New York, NY 10116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$15,736.81
3.11	Nonpriority creditor's name and mailing address Conca D'Oro 100 Bomont PI Totowa, NJ 07512 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$8,239.31

Debtor	ATO Restaurant Associates LLC Name	Case number (if known)	
3.12	Nonpriority creditor's name and mailing address De Martino's Fish Market 315-317 Douglass St Brooklyn, NY 11217 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,765.32
3.13	Nonpriority creditor's name and mailing address Due Amici Imports 62 2nd Ave Bay Shore, NY 11706 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$995.89
3.14	Nonpriority creditor's name and mailing address Empire Business Interiors 8 Halstead Ave Wallington, NJ 07057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$902.63
3.15	Nonpriority creditor's name and mailing address Empire Provisions PO Box 2246 New Hyde Park, NY 11040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,676.28
3.16	Nonpriority creditor's name and mailing address Fadaro Fancy Foods Corp NYC Hunts Point Produce Terminal Market Row A Unit 106-A Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,001.42
3.17	Nonpriority creditor's name and mailing address Godfrey's Refrig. & Air Cond. Inc. 1094 Utica Ave Brooklyn, NY 11203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,133.12
3.18	Nonpriority creditor's name and mailing address GTS Global Telecom Supply 15 Windsor Court Mineola, NY 11501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326.63

Debtor	ATO Restaurant Associates LLC Name	Case number (if known)
3.19	Nonpriority creditor's name and mailing address Iesi - NY Corporation 1099 Wall Street Lyndhurst, NJ 07071 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Ink Keepers PO Box 1759 Long Island City, NY 11101 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address KB Network News 156 Fifth Ave PH2 New York, NY 10010 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Lund Fire Products Company, Inc. PO Box 610522 Bayside, NY 11361 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address Martin Almanzar, Inc. 226-66th St Apt. 7 West New York, NJ 07093 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address Mavilo SA Via Losanna 2 Lugano Switzerland Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address Metropolis Express 1123 Broadway Suite 315 New York, NY 10010 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	ATO Restaurant Associates LLC	Case number (if known)
Name		
3.26	Nonpriority creditor's name and mailing address MHW Ltd 1129 Northern Blvd Suite 312 Manhasset, NY 11030 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address Michael Kelly Inc. 136 Waverly Road Scarsdale, NY 10583 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address MJM Plumbing of New York Inc. 43-76 10th St. Long Island City, NY 11101 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address Morris Visitor Publications 79 Madison Ave 8th Floor New York, NY 10016 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address Mr. T Carting 73-10 Edsall Ave Glendale, NY 11385 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address Nationwide Insurance Co. PO Box 10479 Des Moines, IA 50306 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address NYC & Company 810 Seventh Ave 3rd Floor ATTN: AR Dept New York, NY 10019 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	ATO Restaurant Associates LLC Name	Case number (if known)
3.33	Nonpriority creditor's name and mailing address NYC Dept of Consumer Affairs Attn: Licensing Center 42 Broadway New York, NY 10004 Date(s) debt was incurred _____ Last 4 digits of account number <u>8DCA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address NYC Dept of Finance For acct ID #1OP1277237 PO Box 3644 New York, NY 10008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address NYC Fire Department Church Street Station PO Box 840 New York, NY 10008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Olde Baker Shoppe 26 Bay 8th St Brooklyn, NY 11228 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address On Hold Marketing & Communications 52 Main Street Studio 3 Succasunna, NJ 07876 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address Open Table, Inc. Payment Lockbox PO Box 671198 Dallas, TX 75267 Date(s) debt was incurred _____ Last 4 digits of account number <u>1814</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address Paramount Caviar 38-15 24th Street Long Island City, NY 11101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	ATO Restaurant Associates LLC Name	Case number (if known)	
3.40	Nonpriority creditor's name and mailing address Skene Law Firm, P.C. 2614 - Rte. 516 Old Bridge, NJ 08857 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,406.35
3.41	Nonpriority creditor's name and mailing address Standard Security Life Insurance Co./NY Church Street Station PO Box 6240 New York, NY 10249 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$448.00
3.42	Nonpriority creditor's name and mailing address SWS Warehousing Inc. PO Box 250 East Norwich, NY 11732 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.75
3.43	Nonpriority creditor's name and mailing address Time Warner Cable PO Box 11820 Newark, NJ 07101 Date(s) debt was incurred _____ Last 4 digits of account number <u>2970</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,140.43
3.44	Nonpriority creditor's name and mailing address Tri-State Exterminators Inc. 2089 Schenectady Ave Brooklyn, NY 11234 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,085.75
3.45	Nonpriority creditor's name and mailing address Urban Flora Design 226 E 3rd Street New York, NY 10009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,524.25
3.46	Nonpriority creditor's name and mailing address Urbani Truffles USA Corporation 10 West End Ave New York, NY 10023 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$537.97

Debtor	ATO Restaurant Associates LLC	Case number (if known)	
Name			
3.47	Nonpriority creditor's name and mailing address US Premium Finance 280 Technology Parkway Suite 200 Norcross, GA 30092 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$767.54
3.48	Nonpriority creditor's name and mailing address Vend Lease Company Inc. 8100 Sandpiper Circle, Suite Nottingham, MD 21236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.49	Nonpriority creditor's name and mailing address Verizon PO Box 15124 Albany, NY 12212 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.55
3.50	Nonpriority creditor's name and mailing address Verizon Business PO Box 660072 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number <u>4983</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,706.49
3.51	Nonpriority creditor's name and mailing address White Plains Linen 4 John Walsh Blvd Peekskill, NY 10566 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,639.96
3.52	Nonpriority creditor's name and mailing address You&Us Mechanical Services PO Box 7 Mount Vernon, NY 10552 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$680.46

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor **ATO Restaurant Associates LLC**
Name _____

Case number (if known) _____

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b.	+ \$ 499,284.32
5c.	\$ 499,284.32

Fill in this information to identify the case:

Debtor name **ATO Restaurant Associates LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Real property lease for restaurant

State the term remaining

7 years**3 East 54th New York LLC
c/o Harwood Reiff LLC
370 Lexington Ave, Ste 505
New York, NY 10017**

List the contract number of any government contract

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Trash Removal
Started Mar. 2016
Expires Mar. 2017**

State the term remaining

10 Months**Mr.T Carting
73-10 Edsall Ave.
Ridgewood, NY 11385**

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name **ATO Restaurant Associates LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

 Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Peter Guimares****3 East 54th New York LLC** D _____
 E/F **3.1**
 G _____2.2 **Russell Bellanca****3 East 54th New York LLC** D _____
 E/F **3.1**
 G _____

United States Bankruptcy Court
Southern District of New York

In re **ATO Restaurant Associates LLC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 20,000.00
Prior to the filing of this statement I have received	\$ 0.00
Balance Due	\$ 20,000.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Fee is a retainer only. The Debtor is responsible for additional fees after retainer has been exhausted.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 31, 2016

Date

/s/ Mark Frankel

Mark Frankel 8417

Signature of Attorney

Backenroth Frankel & Krinsky, LLP

800 Thrid Avenue

New York, NY 10022

(212) 593-1100 Fax: (212) 644-0544

Name of law firm

United States Bankruptcy Court
Southern District of New York

In re **ATO Restaurant Associates LLC**

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LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Legend America 2000 Biscayne Blvd Miami, FL 33137			85% Membership
Russell Bellanca 845 United Nations Plaza Apt 63C New York, NY 10017			15% Membership

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Managing Partner** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date May 31, 2016

Signature /s/ Ilaria Coletto
Ilaria Coletto

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Southern District of New York**

In re ATO Restaurant Associates LLC

Debtor(s)

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VERIFICATION OF CREDITOR MATRIX

I, the Managing Partner of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: May 31, 2016

/s/ Ilaria Coletto
Ilaria Coletto/Managing Partner
Signer>Title

Internal Revenue Service
c/o US Attorney Claims Unit
One Saint Andrews Plaza Rm 417
New York, NY 10007

Office of The United States Trustee
U.S. Federal Office Building
201 Varick Street
Suite 1006
New York, NY 10014

United States of America
c/o U.S. Attorney
86 Chambers Street
New York, NY 10007

NYS Dept of Tax & Finance
Bankruptcy Unit
PO Box 5300
Albany, NY 12205

State of New York
Attorney General's Office
120 Broadway
New York, NY 10271

City of New York
NYC Law Department
100 Church St
New York, NY 10007

NYC Department of Finance
66 John Street
New York, NY 10038

Jaguar Credit
PO Box 680020
Franklin, TN 37068

MB Financial Services
36455 Corporate Drive
Farmington, MI 48331

Everhome Mortgage
c/o Ever Bank
Attn Bankruptcy Unit
301 W Bay Street
Jacksonville, FL 32202-5184

OneWest Bank F.S.B.
c/o Fein Such & Crane LLP
28 E Main Street
Suite 1800
Rochester, NY 14614-1936

Chase Card
PO Box 15298
Wilmington, DE 19850-5298

Citibank NA
640 Fifth Avenue
New York, NY 10019

3 East 54th New York LLC
c/o Harwood Reiff LLC
370 Lexington Ave, Ste 505
New York, NY 10017

AG Adjustments, LTD
740 Walt Whitman Road
Melville, NY 11747

AMTRUST NORTH AMERICA
PO Box 6939
Cleveland, OH 44101

Arista Air Conditioning Corp
38-26 10th Street
Long Island City, NY 11101

Bayer Public Relations
124 W 6th Street
#22G
New York, NY 10023

Berkshire Hathaway
Westguard Insurance Company
PO Box 785570
Philadelphia, PA 19178-5570

CIT
21146 Network Place
Chicago, IL 60673

CMI Services Corp
240 Crossbay Boulevard
Broad Channel, NY 11693

Con Edison Electric
JAF STATION
PO Box 1702
New York, NY 10116

Con Edison Steam
JAF Station 1701
New York, NY 10116

Conca D'Oro
100 Bomont Pl
Totowa, NJ 07512

De Martino's Fish Market
315-317 Douglass St
Brooklyn, NY 11217

Due Amici Imports
62 2nd Ave
Bay Shore, NY 11706

Empire Business Interiors
8 Halstead Ave
Wallington, NJ 07057

Empire Provisions
PO Box 2246
New Hyde Park, NY 11040

Fadaro Fancy Foods Corp
NYC Hunts Point Produce Terminal Market
Row A Unit 106-A
Bronx, NY 10474

Godfrey's Refrig. & Air Cond. Inc.
1094 Utica Ave
Brooklyn, NY 11203

GTS Global Telecom Supply
15 Windsor Court
Mineola, NY 11501

Iesi - NY Corporation
1099 Wall Street
Lyndhurst, NJ 07071

Ink Keepers
PO Box 1759
Long Island City, NY 11101

KB Network News
156 Fifth Ave
PH2
New York, NY 10010

Lund Fire Products Company, Inc.
PO Box 610522
Bayside, NY 11361

Martin Almanzar, Inc.
226-66th St
Apt. 7
West New York, NJ 07093

Mavilo SA
Via Losanna 2
Lugano Switzerland

Metropolis Express
1123 Broadway
Suite 315
New York, NY 10010

MHW Ltd
1129 Northern Blvd
Suite 312
Manhasset, NY 11030

Michael Kelly Inc.
136 Waverly Road
Scarsdale, NY 10583

MJM Plumbing of New York Inc.
43-76 10th St.
Long Island City, NY 11101

Morris Visitor Publications
79 Madison Ave
8th Floor
New York, NY 10016

Mr. T Carting
73-10 Edsall Ave
Glendale, NY 11385

Mr. T Carting
73-10 Edsall Ave.
Ridgewood, NY 11385

Nationwide Insurance Co.
PO Box 10479
Des Moines, IA 50306

NYC & Company
810 Seventh Ave
3rd Floor
ATTN: AR Dept
New York, NY 10019

NYC Dept of Consumer Affairs
Attn: Licensing Center
42 Broadway
New York, NY 10004

NYC Dept of Finance
For acct ID #1OP1277237
PO Box 3644
New York, NY 10008

NYC Fire Department
Church Street Station
PO Box 840
New York, NY 10008

Olde Baker Shoppe
26 Bay 8th St
Brooklyn, NY 11228

On Hold Marketing & Communications
52 Main Street
Studio 3
Succasunna, NJ 07876

Open Table, Inc.
Payment Lockbox
PO Box 671198
Dallas, TX 75267

Paramount Caviar
38-15 24th Street
Long Island City, NY 11101

Peter Guimares

Russell Bellanca

Skene Law Firm, P.C.
2614 - Rte. 516
Old Bridge, NJ 08857

Standard Security Life Insurance Co./NY
Church Street Station
PO Box 6240
New York, NY 10249

SWS Warehousing Inc.
PO Box 250
East Norwich, NY 11732

Time Warner Cable
PO Box 11820
Newark, NJ 07101

Tri-State Exterminators Inc.
2089 Schenectady Ave
Brooklyn, NY 11234

Urban Flora Design
226 E 3rd Street
New York, NY 10009

Urbani Truffles USA Corporation
10 West End Ave
New York, NY 10023

US Premium Finance
280 Technology Parkway
Suite 200
Norcross, GA 30092

Vend Lease Company Inc.
8100 Sandpiper Circle, Suite
Nottingham, MD 21236

Verizon
PO Box 15124
Albany, NY 12212

Verizon Business
PO Box 660072
Dallas, TX 75266

White Plains Linen
4 John Walsh Blvd
Peekskill, NY 10566

You&Us Mechanical Services
PO Box 7
Mount Vernon, NY 10552

United States Bankruptcy Court
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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for ATO Restaurant Associates LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Legend America
2000 Biscayne Blvd
Miami, FL 33137

None [*Check if applicable*]

May 31, 2016

Date

/s/ **Mark Frankel**

Mark Frankel 8417

Signature of Attorney or Litigant
Counsel for **ATO Restaurant Associates LLC**
Backenroth Frankel & Krinsky, LLP
800 Thrid Avenue
New York, NY 10022
(212) 593-1100 Fax:(212) 644-0544

United States Bankruptcy Court
Southern District of New York

In re ATO Restaurant Associates LLC

Debtor(s)

Case No.
Chapter

11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Ilaria Coletto**, declare under penalty of perjury that I am the **Managing Partner** of **ATO Restaurant Associates LLC**, and that the following is a true and correct copy of the resolutions adopted at a special meeting duly called and held on the 31st day of May, 2016.

"Whereas, it is in the best interest of this LLC to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Ilaria Coletto, Managing Partner** of this LLC, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Ilaria Coletto, Managing Partner** of this LLC is authorized and directed to appear in all bankruptcy proceedings on behalf of the LLC, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the LLC in connection with such bankruptcy case, and

Be It Further Resolved, that **Ilaria Coletto, Managing Partner** of this LLC is authorized and directed to employ the law firm of **Backenroth Frankel & Krinsky, LLP** to represent the corporation in such bankruptcy case."

Date May 31, 2016

Signed /s/ Ilaria Coletto
Ilaria Coletto

Resolution of Board of Directors
of
ATO Restaurant Associates LLC

Whereas, it is in the best interest of this LLC to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Ilaria Coletto, Managing Partner** of this LLC, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Ilaria Coletto, Managing Partner** of this LLC is authorized and directed to appear in all bankruptcy proceedings on behalf of the LLC, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the LLC in connection with such bankruptcy case, and

Be It Further Resolved, that **Ilaria Coletto, Managing Partner** of this LLC is authorized and directed to employ the law firm of **Backenroth Frankel & Krinsky, LLP** to represent the corporation in such bankruptcy case.