### Case 16-10191 Doc 1 Filed 01/06/16 Entered 01/06/16 09:17:53 Desc Main Document Page 1 of 10

| Fill in this information to identify your case: |                               |                                   |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| DISTRICT OF NEW JERSEY                          |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|                                                 | ☐ Chapter 7                   |                                   |
|                                                 | Chapter 11                    |                                   |
|                                                 | ☐ Chapter 12                  |                                   |
|                                                 | ☐ Chapter 13                  | ☐ Check if this ar amended filing |

### Official Form 201

### Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

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                                                      | Lakewood Shopper, 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<br>Employer Identification<br>Number (EIN)        | 20-4940628                                        |                                                                             |
| 4. | Debtor's address                                                   | Principal place of business                       | Mailing address, if different from principal place of business              |
|    |                                                                    | 72B Park Avenue<br>Lakewood, NJ 08701             |                                                                             |
|    |                                                                    | Number, Street, City, State & ZIP Code            | P.O. Box, Number, Street, City, State & ZIP Code                            |
|    |                                                                    | Ocean<br>County                                   | 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 Compan | ny (LLC) and Limited Liability Partnership (LLP))                           |
|    |                                                                    | ☐ Partnership                                     |                                                                             |
|    |                                                                    | ☐ Other. Specify:                                 |                                                                             |
|    |                                                                    |                                                   |                                                                             |

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| 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(53AB))  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  Investment company, including hedge func |                                                                                                                                                                                                                                                                                                                                                                    |                                        |   |                                                                                                                                                                                                                                                                         | or pooled investm                                                                                                                                                          | nent vehicle (as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | defined in 15 U.S.C. §80a-3)                                                                                                                                                                                                                                                                                                                                                                                                |     |
|     |                                                                                                                | C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  See <a href="http://www.naics.com/search/">http://www.naics.com/search/</a> .  ———                                                                                                                                                                              |                                        |   |                                                                                                                                                                                                                                                                         |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 8.  | Under which chapter of the Bankruptcy Code is the Debtor filing?                                               | Check €  Cha  Cha  Cha  Cha                                                                                                                                                                                                                                                                                                                                        | pter 7<br>pter 9<br>pter 11. <i>Ch</i> | • | are less than \$2,490,9 that).  The debtor is a small business debtor, attacked a procedure in 11 U.S.C. A plan is being filed w. Acceptances of the place accordance with 11 U.The debtor is required Exchange Commissio attachment to Volunta (Official Form 201A) w. | business debtor a ch the most recent in income tax returns. § 1116(1)(B). Which this petition. It is periodic reparation of the periodic reparation for Norwith this form. | s defined in 11 less defined in | eluding debts owed to insiders or affiliate: it on 4/01/16 and every three years after U.S.C. § 101(51D). If the debtor is a small statement of operation, cash-flow se documents do not exist, follow the one or more classes of creditors, in one or more classes of creditors, in the securities and a Securities Exchange Act of 1934. File thing for Bankruptcy under Chapter 11 ites Exchange Act of 1934 Rule 12b-2. | all |
| 9.  | Were prior bankruptcy cases filed by or against the debtor within the last 8 years?                            | ■ No.                                                                                                                                                                                                                                                                                                                                                              |                                        |   |                                                                                                                                                                                                                                                                         |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
|     | If more than 2 cases, attach a separate list.                                                                  |                                                                                                                                                                                                                                                                                                                                                                    | District District                      |   |                                                                                                                                                                                                                                                                         | When                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Case number 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<br>District                     |   |                                                                                                                                                                                                                                                                         | When                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | elationship to you ase number, if known                                                                                                                                                                                                                                                                                                                                                                                     |     |

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| 11. | Why is the case filed in                                                   | Check all that apply: |                 |                                                                                                                                                                                                                        |                                                |                                             |  |  |
|-----|----------------------------------------------------------------------------|-----------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|--|--|
|     | this district?                                                             | ■ De                  | ebtor has h     | nad its domicile, princ                                                                                                                                                                                                | cipal place of business, or principal assets   | s in this district for 180 days immediately |  |  |
|     |                                                                            | pr                    | eceding the     | e date of this petition                                                                                                                                                                                                | or for a longer part of such 180 days that     | n in any other district.                    |  |  |
|     |                                                                            | <b>П</b> А            | bankruptcy      | y case concerning de                                                                                                                                                                                                   | ebtor's affiliate, general partner, or partner | rship is pending in this district.          |  |  |
| 12. | Does the debtor own or                                                     | ■ No                  |                 |                                                                                                                                                                                                                        |                                                |                                             |  |  |
|     | have possession of any<br>real property or personal<br>property that needs | ☐ Yes.                | Answer b        | pelow for each proper                                                                                                                                                                                                  | rty that needs immediate attention. Attack     | h additional sheets if needed.              |  |  |
|     | immediate attention?                                                       |                       | Why doe         | es the property need                                                                                                                                                                                                   | d immediate attention? (Check all that a       | apply.)                                     |  |  |
|     |                                                                            |                       | ☐ It pos        | ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.                                                                                                              |                                                |                                             |  |  |
|     |                                                                            |                       | What            | What is the hazard?                                                                                                                                                                                                    |                                                |                                             |  |  |
|     |                                                                            |                       | ☐ It nee        | eds to be physically se                                                                                                                                                                                                | ecured 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        | s the property?                                                                                                                                                                                                        |                                                |                                             |  |  |
|     |                                                                            |                       |                 |                                                                                                                                                                                                                        | Number, Street, City, State & ZIP Code         | e                                           |  |  |
|     |                                                                            |                       | Is the pr       | operty insured?                                                                                                                                                                                                        |                                                |                                             |  |  |
|     |                                                                            |                       | □ No            |                                                                                                                                                                                                                        |                                                |                                             |  |  |
|     |                                                                            |                       | ☐ Yes.          | Insurance agency                                                                                                                                                                                                       |                                                |                                             |  |  |
|     |                                                                            |                       |                 | Contact name                                                                                                                                                                                                           |                                                |                                             |  |  |
|     |                                                                            |                       |                 | Phone                                                                                                                                                                                                                  |                                                |                                             |  |  |
|     |                                                                            |                       |                 |                                                                                                                                                                                                                        |                                                |                                             |  |  |
|     | Statistical and admin                                                      | istrative i           | nformatio       | n                                                                                                                                                                                                                      |                                                |                                             |  |  |
| 13. | Debtor's estimation of                                                     | . (                   | Check one:      | :                                                                                                                                                                                                                      |                                                |                                             |  |  |
|     | available funds                                                            |                       | Funds w         | vill be available for dis                                                                                                                                                                                              | stribution to unsecured creditors.             |                                             |  |  |
|     |                                                                            |                       | ☐ After an      | y administrative expe                                                                                                                                                                                                  | enses are paid, no funds will be available     | to unsecured creditors.                     |  |  |
|     |                                                                            |                       |                 |                                                                                                                                                                                                                        | · · · · · · · · · · · · · · · · · · ·          |                                             |  |  |
| 14. | Estimated number of creditors                                              | <b>1</b> -49          |                 |                                                                                                                                                                                                                        | <b>1</b> ,000-5,000                            | <b>2</b> 5,001-50,000                       |  |  |
|     | creditors                                                                  | □ 50-99               |                 |                                                                                                                                                                                                                        | ☐ 5001-10,000                                  | ☐ 50,001-100,000                            |  |  |
|     |                                                                            | ☐ 100-1               |                 |                                                                                                                                                                                                                        | □ 10,001-25,000                                | ☐ More than100,000                          |  |  |
|     |                                                                            | □ 200-9               | <del>)</del> 99 |                                                                                                                                                                                                                        |                                                |                                             |  |  |
| 15. | Estimated Assets                                                           | <b>□</b> \$0 - \$     | \$50.000        |                                                                                                                                                                                                                        | ☐ \$1,000,001 - \$10 million                   | □ \$500,000,001 - \$1 billion               |  |  |
|     |                                                                            | _ ` '                 | )01 - \$100,    | .000                                                                                                                                                                                                                   | □ \$10,000,001 - \$50 million                  | □ \$1,000,000,001 - \$10 billion            |  |  |
|     |                                                                            |                       | ,001 - \$500    |                                                                                                                                                                                                                        | ☐ \$50,000,001 - \$100 million                 | ☐ \$10,000,000,001 - \$50 billion           |  |  |
|     |                                                                            | □ \$500               | ,001 - \$1 m    | nillion                                                                                                                                                                                                                | ☐ \$100,000,001 - \$500 million                | ☐ More than \$50 billion                    |  |  |
| 16. | Estimated liabilities                                                      | □ \$0 - \$            | \$50,000        |                                                                                                                                                                                                                        | □ \$1,000,001 - \$10 million                   | □ \$500,000,001 - \$1 billion               |  |  |
|     |                                                                            |                       | 001 - \$100     | ,000                                                                                                                                                                                                                   | □ \$10,000,001 - \$50 million                  | ☐ \$1,000,000,001 - \$10 billion            |  |  |
|     |                                                                            | <b>\$100</b>          | ,001 - \$500    | 0,000                                                                                                                                                                                                                  | □ \$50,000,001 - \$100 million                 | □ \$10,000,000,001 - \$50 billion           |  |  |
|     |                                                                            | □ \$500               | ,001 - \$1 m    | nillion                                                                                                                                                                                                                | ☐ \$100,000,001 - \$500 million                | ☐ More than \$50 billion                    |  |  |

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Request for Relief, Declaration, and Signature

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

17. Declaration and signature of authorized representative of debtor

I have been authorized to file this petition on behalf of the debtor.  $\label{eq:lemma:equation}$ 

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

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

Executed on January 6, 2016

MM / DD / YYYY

| X | /s/ Yaakov Wenger                                | Yaakov Wenger        |  |  |
|---|--------------------------------------------------|----------------------|--|--|
|   | Signature of authorized representative of debtor | Printed name         |  |  |
|   | Title Managing Member                            |                      |  |  |
| X | /s/ Brian W. Hofmeister, Esq.                    | Date January 6, 2016 |  |  |
|   | Signature of attorney for debtor                 | MM / DD / YYYY       |  |  |
|   | Brian W. Hofmeister, Esq.                        |                      |  |  |

18. Signature of attorney

| Signature of attorney for debtor       | MM / DD / YYYY |
|----------------------------------------|----------------|
| Brian W. Hofmeister, Esq.              |                |
| Printed name                           |                |
| Law Firm of Brian W. Hofmeister, LLC   |                |
| Firm name                              |                |
| 691 State Highway 33                   |                |
| Mercerville                            |                |
| Trenton, NJ 08619-4492                 |                |
| Number, Street, City, State & ZIP Code |                |
| Contact phone 609-890-1500 Email a     | ddress         |

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**District of New Jersey

| In 1 | re Lakewood Shopper, LLC                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | Case N                                                   | 0.                      |                    |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------|--------------------|
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                         | Debtor(s)                                                                           | Chapte                                                   | r <b>11</b>             |                    |
|      | DISCLOSURE OF COMPEN                                                                                                                                                                                                                                                                                                                                                                                                                    | SATION OF ATTO                                                                      | RNEY FOR                                                 | DEBTOR(S)               |                    |
| 1.   | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of                                                                                                                                                                                                                                                          | of the petition in bankrupto                                                        | y, or agreed to be p                                     | aid to me, for service  |                    |
|      | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | \$                                                       | 10,000.00               |                    |
|      | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                          | 10,000.00               |                    |
|      | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                          | 0.00                    |                    |
| 2.   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                          |                         |                    |
| 3.   | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                          |                         |                    |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                          |                         |                    |
| 4.   | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                          |                         |                    |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                          |                         |                    |
| 5.   | ■ I have not agreed to share the above-disclosed comper                                                                                                                                                                                                                                                                                                                                                                                 | nsation with any other perso                                                        | on unless they are m                                     | embers and associate    | es of my law firm. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                          |                         | my law firm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to rend                                                                                                                                                                                                                                                                                                                                                                            | der legal service for all aspe                                                      | cts of the bankrupto                                     | cy case, including:     |                    |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering.</li> <li>b. Preparation and filing of any petition, schedules, statement of the provisions as needed.</li> <li>c. [Other provisions as needed.]</li> <li>For Chapter 7 and Chapter 13 cases, represented the provisions of the provisions as needed.</li> <li>for Chapter 11 cases, the above amount of the provisions of the provisions as needed.</li> </ul> | nent of affairs and plan whi<br>esentation of the debto<br>represents a retainer ar | ch may be required; r(s) at the First N nd Teich Groh wi | leeting of Credito      | ors and first      |
| 7.   | By agreement with the debtor(s), the above-disclosed fee of Representation of the debtor(s) in any discor any other adversary proceedings.                                                                                                                                                                                                                                                                                              |                                                                                     |                                                          | lances, relief fron     | n stay actions     |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                         | CERTIFICATION                                                                       |                                                          |                         |                    |
| this | I certify that the foregoing is a complete statement of any a bankruptcy proceeding.                                                                                                                                                                                                                                                                                                                                                    | agreement or arrangement fo                                                         | or payment to me for                                     | r representation of the | ne debtor(s) in    |
| _    | January 6, 2016                                                                                                                                                                                                                                                                                                                                                                                                                         | /s/ Brian W. Hof                                                                    |                                                          |                         |                    |
|      | Date                                                                                                                                                                                                                                                                                                                                                                                                                                    | Brian W. Hofme<br>Signature of Attor                                                | •                                                        |                         |                    |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                         | Law Firm of Bri                                                                     | an W. Hofmeiste                                          | r, LLC                  |                    |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                         | 691 State Highv<br>Mercerville                                                      | vay 33                                                   |                         |                    |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                         | Trenton, NJ 086                                                                     | 619-4492<br>Fax: 609-890-696                             | 1                       |                    |

Name of law firm

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## **United States Bankruptcy Court**District of New Jersey

| In re | Lakewood Shopper, LLC                                                  | Debtor(s)                                                    | Case No.<br>Chapter | 11                                |
|-------|------------------------------------------------------------------------|--------------------------------------------------------------|---------------------|-----------------------------------|
|       | VERIFICAT                                                              | ION OF CREDITOR MA                                           | TRIX                |                                   |
|       | anaging Member of the corporation named as o the best of my knowledge. | the debtor in this case, hereby verify the                   | nat the attac       | hed list of creditors is true and |
|       |                                                                        |                                                              |                     |                                   |
| Date: | January 6, 2016                                                        | /s/ Yaakov Wenger Yaakov Wenger/Managing Member Signer/Title |                     |                                   |

Gershon Biegeleisen, CPA 111 Madison Ave. Lakewood, NJ 08701

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service Attn: Special Procedures 955 South Springfield Avenue PO Box 724, Bldg. A, 3rd Floor Springfield, NJ 07081

Internal Revenue Service 1111 Constitution Ave., N.W. Washington, DC 20224

J. Perl Associates 1447 Cedar Row Lakewood, NJ 08701

RFM Printing, Inc. c/o Ragan & Ragan 3100 Route 138 West Brinley Plaza Building One Wall, NJ 07719

Stellar Printing, Inc. c/o David E. Shaver, Esq Broege, Neumann, Fischer & Shaver 25 Abe Voorhees Drive Manasquan, NJ 08736

Varga Associates 68 Park Ave. Lakewood, NJ 08701

WGI Corp/Webco c/o Donna Thompson, Esq. PO Box 679 Allenwood, NJ 08720 Case 16-10191 Doc 1 Filed 01/06/16 Entered 01/06/16 09:17:53 Desc Main Document Page 8 of 10

# **United States Bankruptcy Court**District of New Jersey

| In re             | Lakewood Shopper, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | Case No.         |                                                     |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------|-----------------------------------------------------|
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Debtor(s)                                                               | Chapter          | 11                                                  |
|                   | CORPORATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OWNERSHIP STATEMENT                                                     | (RULE 7007.1)    |                                                     |
| or recu<br>follow | ant to Federal Rule of Bankruptcy Processal, the undersigned counsel for <u>Law</u> ing is a (are) corporation(s), other that of any class of the corporation's(s') equals to Federal Rule of Bankruptcy Processal, the undersigned support of the corporation of the corp | <b>kewood Shopper, LLC</b> in the about the debtor or a governmental un | ve captioned act | ion, certifies that the or indirectly own(s) 10% or |
| ■ Non             | ne [Check if applicable]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                  |                                                     |
| Janua             | ry 6, 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | /s/ Brian W. Hofmeister, Esq.                                           |                  |                                                     |
| Date              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Brian W. Hofmeister, Esq.                                               |                  |                                                     |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature of Attorney or Litig Counsel for Lakewood Shop                |                  |                                                     |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Law Firm of Brian W. Hofmeist                                           | er, LLC          |                                                     |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 691 State Highway 33<br>Mercerville                                     |                  |                                                     |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Trenton, NJ 08619-4492<br>609-890-1500 Fax:609-890-696                  | l                |                                                     |

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#### United States Bankruptcy Court District of New Jersey

| In re | Lakewood Shopper, LLC |           |         |    |
|-------|-----------------------|-----------|---------|----|
|       |                       | Debtor(s) | Chapter | 11 |

#### STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Yaakov Wenger, declare under penalty of perjury that I am the Managing Member of Lakewood Shopper, LLC, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 10th day of December, 2015.

"Whereas, it is in the best interest of this corporation 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 Yaakov Wenger, Managing Member of this Corporation, 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 Yaakov Wenger, Managing Member of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that Yaakov Wenger, Managing Member of this Corporation is authorized and directed to employ Brian W. Hofmeister, Esq., attorney and the law firm of Law Firm of Brian W. Hofmeister, LLC to represent the corporation in such bankruptcy case."

| Date | 12-10-15 | Signed | /s/Yaakov Wenger |
|------|----------|--------|------------------|
|      |          |        | Yaakov Wenger    |

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> Resolution of Board of Directors of Lakewood Shopper, LLC

Whereas, it is in the best interest of this corporation 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 Yaakov Wenger, Managing Member of this Corporation, 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 Yaakov Wenger, Managing Member of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that Yaakov Wenger, Managing Member of this Corporation is authorized and directed to employ Brian W. Hofmeister, Esq., attorney and the law firm of Law Firm of Brian W. Hofmeister, LLC to represent the corporation in such bankruptcy case.

| Date 12-10-15 | Signed _ | /s/Yaakov Wenger |  |
|---------------|----------|------------------|--|
|               |          | Yaakov Wenger    |  |
| Date          | Signed   |                  |  |