

Exhibit C

MarineMax Data Incident Consolidated Action

c/o Kroll Settlement Administration LLC

P.O. Box XXXXX

New York, NY 10150-XXX

FIRST-CLASS MAIL

U.S. POSTAGE PAID

CITY, ST

PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

Legal Notice

Lomedico and Niblock v. MarineMax, Inc.

Case No. 8:24-cv-01784

U.S. District Court for the Middle District of Florida

If You Are a Natural Person Residing in the United States Who Received A Notice Letter from MarineMax, Inc. or Newcoast as a result of the Data Incident, You Are Eligible to Receive Payments from a Class Action Settlement

*A Court has authorized this Notice.
This is **not** a solicitation from a lawyer.*

For more information on the proposed Class Action Settlement, including how to submit a claim, exclude yourself, or submit an objection, please visit

www.Website.com
or call (XXX) XXX-XXXX

<<Refnum Barcode>>

UNIQUE ID: <<Refnum>>

Postal Service: Please do not mark barcode

[FIRST NAME] [LAST NAME]
[COMPANY]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP][ZIP4]

A Class Action Settlement has been reached in a Consolidated Action concerning a Data Incident perpetrated against Defendant MarineMax, Inc. and its subsidiaries Newcoast Insurance Services, LLC, MarineMax East, Inc., and Newcoast Financial Services, LLC ("MarineMax"). The Consolidated Action alleges various claims against MarineMax, or Defendant, arising from the unauthorized access to MarineMax's data environment in and around March 2024, or the Data Incident. MarineMax estimates based upon its records that there are approximately 123,494 Settlement Class Members. Defendant denies all claims of wrongdoing or liability that Plaintiffs, Settlement Class Members, or anyone else have asserted in this Consolidated Action or may assert in the future based on the conduct alleged in the Consolidated Action.

Who is included in the Class Action Settlement? You are potentially a Settlement Class Member if you are a natural person who received a Notice Letter from MarineMax, Inc. or Newcoast as a result of the Data Incident. Excluded from the Settlement Class are all attorneys and employees of Settlement Class Counsel, any judicial officer to whom this case is assigned, and persons who validly and timely opt-out of the Class Action Settlement.

What are the benefits? All Settlement Class Members shall have the opportunity to submit a Claim Form for certain claimed benefits. The claimed benefits, as described below, shall include: (a) Actual Identity Theft Losses; (b) Out-of-Pocket Expenses; (c) Credit Monitoring; and (d) Cash Payments (subject to a per person cap). Visit www.website.com or call the toll-free number (XXX) XXX-XXXX for complete benefit details.

How do I receive a payment or other benefit? To receive any payments or benefits under the Class Action Settlement, you **MUST** submit a claim. To submit a claim, you may either: (i) fill out, detach, and mail the attached Postcard Claim Form to the Settlement Administrator; or (ii) submit a Claim Form online at www.website.com. You may also call (XXX) XXX-XXXX to request that a Claim Form be mailed to you. **Claims must be submitted online or postmarked by <<Claim Form Deadline>>.**

What are my other options?

If you **Do Nothing**, you will be legally bound by the terms of the Class Action Settlement, and you will release your claims against Defendant and other Released Parties as defined in the Agreement. If you do not want to be legally bound by the Class Action Settlement, you must **Exclude Yourself** by **<<Exclusion Deadline>>**, or you will not be able to sue the Defendant or any other Released Parties for Released Claims. If you exclude yourself, you cannot get payments or benefits from this Class Action Settlement. If you want to **Object** to the Class Action Settlement, you may file an objection by **<<Objection Deadline>>**. The Long Form Notice, found at the documents page of www.website.com, explains how to submit a Claim Form, exclude yourself, or object.

Do I have a lawyer in this case?

Yes, the Court appointed Mariya Weekes of Milberg Coleman Bryson Phillips Grossman, PLLC and Brittany Resch of Strauss Borrelli, PLLC as counsel for the Settlement Class. If you want to be represented by your own lawyer, you may hire one at your own expense.

When will the Court decide whether to approve the Class Action Settlement? The Court will hold a hearing in this case on **<DATE> at <TIME> a.m. ET**, at the United States District Court Middle District of Florida, Tampa Division **<<COURT ADDRESS>>** to consider whether to approve the Class Action Settlement. The Court will also consider Settlement Class Counsel's request for attorneys' fees of an amount no more than one-third of the Gross Settlement Amount (\$339,268.90) and actual out-of-pocket costs, currently estimated not to exceed \$10,000. You may attend the hearing, but you do not have to.

For more information or to update your address, call toll-free (XXX) XXX-XXXX or visit www.website.com and read the Long Form Notice.

Postage
Required

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c/o Kroll Settlement Administration LLC
P.O. Box XXXXX
New York, NY 10150-XXX

<<Barcode>>

Unique ID: <<Refnum>>

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VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

POSTCARD CLAIM FORM

To submit a claim, please complete the form below, sign, and mail this portion of the postcard to the Settlement Administrator by no later than **<Claim Form Deadline>**. Please complete the Claim Form for each category of benefits that you would like to claim. You may claim a Cash Payment and/or Credit Monitoring below. **Note:** Claims for Actual Identity Theft Losses and Out-of-Pocket Expenses require supporting documentation and therefore must be submitted online at www.website.com or mailed to the Settlement Administrator with a separate Claim Form.

Unique ID: <<refnum>>

<<firstname>> <<lastname>>

<<Company>>

<<address1>> <<address2>>

<<City>>, <<State>> <<Zip>>

Telephone Number: (_____) _____ - _____

Email Address: _____ @ _____

If different than the preprinted data on the left, please print your correct information:

First Name

MI

Last Name

Address

City

State

Zip Code

Cash Payment

☐ I choose a *pro rata*, or equal share, Cash Payment (subject to a per person cap). You may also claim Credit Monitoring below.

Credit Monitoring

CHOOSE ONE OF THE FOLLOWING:

☐ Yes, I would like to receive three (3) years of one-bureau Credit Monitoring and did not receive two (2) year of Credit Monitoring previously offered by Defendant in the notice letter sent by Defendant

☐ Yes, I would like to receive an additional 12-months of one-bureau Credit Monitoring and did receive two (2) years of Credit Monitoring previously offered by Defendant in the notice letter sent by Defendant.

SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury that the information supplied in this Claim Form is true and correct. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information.

Signature: _____ Print Name: _____ Date (mm/dd/yyyy): ____/____/____