#### 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006230

Entity Name: RECAPITALIZATION PARTNERS, L.L.C.

### **Current Principal Place of Business:**

708 COTE AZUR DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410

# **Current Mailing Address:**

708 COTE AZUR DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410 US

# FEI Number: 45-4146772

### Name and Address of Current Registered Agent:

LEVINE, JOEL 708 COTE AZUR DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

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Electronic Signature of Registered Agent	
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#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LEVINE, JOEL	Name	BERGER, BRUCE
Address	708 COTE AZUR DRIVE, SUITE 100	Address	17 TANNERY LANE N
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	WESTON CT 06883
Title	MANAGER		
The	MANAGER		
Name	WASSERSTEIN, NATHANIEL		
Address	79 FERDON AVE		
City-State-Zip:	SPARKILL NY 10976		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL LEVINE	MGR	03/07/2016
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Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 07, 2016 Secretary of State CC5662322919

Certificate of Status Desired: No

Date