

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000006230

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

**Current Principal Place of Business:**

13465 PASTEUR BOULEVARD  
APT 4113  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

13465 PASTEUR BOULEVARD  
APT 4113  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 45-4146772

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVINE, JOEL  
13465 PASTEUR BOULEVARD  
APT 4113  
PALM BEACH GARDENS, FL 33418 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:** JOEL LEVINE

01/18/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEVINE, JOEL  
Address 13465 PASTEUR BOULEVARD  
APT 4113  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGR  
Name BERGER, BRUCE  
Address 17 TANNERY LANE N  
City-State-Zip: WESTON CT 06883

Title 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

MGM

01/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date