

m120000061594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

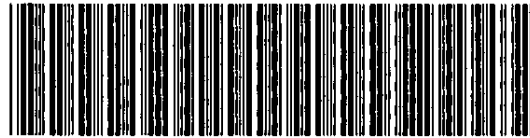
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 25 AM 10:45

JUN 28 2012  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Recapitalization Management, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Levine  
Name of Person

Recapitalization Management, LLC  
Firm/Company

660 Hermitage Circle  
Address

Palm Beach Gardens, FL 33410  
City/State and Zip Code

jplevine@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Levine at ( 201 ) 725-7340  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 JUN 25 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 30, 2012

JOEL LEVINE  
RECAPITALIZATION MANAGEMENT, LLC  
660 HERMOTAGE CIR  
PALM BEACH GARDENS, FL 33410

SUBJECT: RECAPITALIZATION MANAGEMENT, LLC  
Ref. Number: M12000001596

We have received your document for RECAPITALIZATION MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC AMENDMENT, but your entity is a FOREIGN LLC CHANGE OF MANAGER/MGRM. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 312A00015525

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: RECAPITALIZATION MANAGEMENT, LLC
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on MARCH 20, 2012 and its Florida document/registration number is M 12000001596
4. The name and address of each manager or managing member is as follows:

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGRM

Joel Levine  
660 Hermitage Cir  
Palm Beach Gardens FL 33410

MGRM

Bruce Berger  
17 TANNERY LANE N  
Weston CT 06883

Required Signature: \_\_\_\_\_

[Signature]  
Signature of Manager, Managing Member or Member

Filing Fee: \$25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 25 AM 10:45