

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001596

Entity Name: RECAPITALIZATION MANAGEMENT, LLC

Current Principal Place of Business:

708 COTE AZUR DRIVE
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

708 COTE AZUR DRIVE
PALM BEACH GARDENS, FL 33410 US

FEI Number: 45-4824597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, JOEL
708 COTE AZUR DRIVE
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name LEVINE, JOEL
Address 708 COTE AZUR DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

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

Title MANAGER
Name WASSERSTEIN, NATHANIEL
Address 79 FREDON 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 P LEVINE

MANAGER

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date