

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001596

**FILED**  
**Jan 15, 2017**  
**Secretary of State**  
**CC8228875001**

**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 LEVINE

**MGR**

**01/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date