

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078330

**Entity Name:** AURICLE, LLC

**Current Principal Place of Business:**

18201 COLLINS AVE  
#2009  
SUNNY ISLES BCH., FL 33160

**Current Mailing Address:**

18201 COLLINS AVE  
#2009  
SUNNY ISLES BCH., FL 33160 US

**FEI Number:** 27-0736184

**Certificate of Status Desired:** No

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

EIDA, ALON A  
18201 COLLINS AVE.  
#2009  
SUNNY ISLES BCH., FL 33160 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 EIDA, ALON A  
Address 18201 COLLINS AVE. #2009  
City-State-Zip: SUNNY ISLES BCH. FL 33160

Title MGR  
Name FINDLAY, IAIN H  
Address 5233 TILDEN AVE. APT.12  
City-State-Zip: SHERMAN OAKS CA 91401

*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:** ALON EIDA

**PARTNER**

**05/01/2015**

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

\_\_\_\_\_  
Date