

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000042063

Entity Name: APPLOSOPHY, LLC

FILED  
Apr 10, 2012  
Secretary of State

**Current Principal Place of Business:**

1830 S OCEAN DR.  
# 4209  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

303 AVENUE N  
2ND FLOOR  
BROOKLYN, NY 11230 US

**New Mailing Address:**

FEI Number: 45-1562088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHEMLA, ODED  
1830 S OCEAN DR  
# 4209  
HALLANDALE, FL 33009 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COHEN, SHAI  
Address: 303 AVENUE N 2ND FLOOR  
City-St-Zip: BROOKLYN, NY 11230 US

Title: MGRM  
Name: SHEMLA, ODED  
Address: 1830 S OCEAN DR # 4209  
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGRM  
Name: MERIDOR, DANIEL  
Address: 318 E 9TH ST #14  
City-St-Zip: NEW YORK, NY 10003 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHAI COHEN

MGRM

04/10/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date