

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005736

**Entity Name:** LEGACY BENEFITS, LLC

**Current Principal Place of Business:**

350 FIFTH AVE STE 4320  
NEW YORK, NY 10118

**Current Mailing Address:**

350 FIFTH AVE STE 4320  
NEW YORK, NY 10118

**FEI Number:** 26-1191310

**Certificate of Status Desired:** No

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

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 ELHANANI, ZOHAR  
Address 350 FIFTH AVE STE 4320  
City-State-Zip: NEW YORK NY 10118

Title MGR  
Name PEIREZ, ANAT  
Address 350 FIFTH AVE STE 4320  
City-State-Zip: NEW YORK NY 10118

Title MGR  
Name ELIAV, MIER  
Address 350 FIFTH AVE STE 4320  
City-State-Zip: NEW YORK NY 10118

Title MGR  
Name FREIMAN, RON  
Address 20 LINCOLN STREET  
City-State-Zip: TEL AVIV 67134

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZOHAR ELHANANI

**PRESIDENT**

**01/10/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date