

2015 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 SHAPIRA, OFER
Address 5 AZRIELI CENTER (SQUARE TOWER)
27TH FLOOR
City-State-Zip: TEL AVIV 67025

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: ZOHAR ELHANANI

PRESIDENT

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date