

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90141 028 ****55.00

DOCUMENT # M06000002627

1. Entity Name

SEISMICS UNUSUAL, LLC



Principal Place of Business

Mailing Address

294 HEATHCLIFF PLACE
BREA CA 92821

294 HEATHCLIFF PLACE
BREA CA 92821

2. Principal Place of Business - No P.O. Box #

2501 E. Chapman

3. Mailing Address

2501 E. Chapman

Suite, Apt. #, etc.

Suite #100

Suite, Apt. #, etc.

Suite #100

City & State

Fullerton

City & State

Fullerton

Zip

CA 92831

Country

USA

Zip

CA 92831

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

98-0204094

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE FL 32301-2960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NISHIO, MISAOKO	
STREET ADDRESS	294 HEATHCLIFF PLACE	
CITY - ST - ZIP	BREA CA 92821	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KARRENBACH, MARTIN	
STREET ADDRESS	294 HEATHCLIFF PLACE	
CITY - ST - ZIP	BREA CA 92821	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHEIDT, HANS-MARTIN	
STREET ADDRESS	294 HEATHCLIFF PLACE	
CITY - ST - ZIP	BREA CA 92821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Elmer K. Kahl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-25-07

714 671 3157

Date

Daytime Phone *