

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000041626

**Entity Name:** SEISMICHORIZON1939 LLC

**Current Principal Place of Business:**

4939 NW 84TH AVE  
DORAL, FL 33166

**Current Mailing Address:**

4939 NW 84TH AVE  
DORAL, FL 33166 US

**FEI Number:** 86-2024817

**Certificate of Status Desired:** Yes

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

GALARRAGA, MIGUEL A  
4939 NW 84TH AVE  
DORAL, FL 33166 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                 | Title           | MGR                 |
| Name            | GALARRAGA, MIGUEL A | Name            | AMORTEGUI, MARTHA J |
| Address         | 4939 NW 84TH AVE    | Address         | 4939 NW 84TH AVE    |
| City-State-Zip: | DORAL FL 33166      | City-State-Zip: | DORAL FL 33166      |

*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:** MIGUEL ANGEL GALARRAGA

01/18/2023

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

\_\_\_\_\_ Date