

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011959

Entity Name: SEISMIC CONSULTING, LLC

FILED  
Jan 31, 2005  
Secretary of State

**Current Principal Place of Business:**

1079 ROYAL MARQUIS CR  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1079 ROYAL MARQUIS CR  
OCOE, FL 34761

**New Mailing Address:**

FEI Number: 20-0791438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOARDMAN SMITH AND ASSOCIATES  
1017 E SOUTH STREET  
ORLANDO, FL 32801 US

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

SMITH, BROWN & ASSOCIATES  
1217 PARK GREEN PLACE  
WINTER PARK, FL 32789 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: ANN SMITH

01/31/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LANGLEY, JOSH  
Address: 1079 ROYAL MANQUIS CR  
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete  
Name: BAKER, CHAD  
Address: 822 CROOKED CREEK DRIVE  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LANGLEY, JOSH  
Address: 1079 ROYAL MARQUIS CR  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JOSH LANGLEY

MGR

01/31/2005

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