

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000099187

**Entity Name:** VOLATILITY CAPITAL ADVISORS, LLC

**Current Principal Place of Business:**

5640 ENGLISH OAKS LANE  
NAPLES, FL 34119

**Current Mailing Address:**

3300 UNIVERSITY DRIVE SUITE 311  
CORAL SPRINGS, FL 33065

**FEI Number:** 47-1166081

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	AMBR
Name	COVATO, CHRISTOPHER	Name	COVATO, LENDER
Address	5640 ENGLISH OAKS LANE	Address	5640 ENGLISH OAKS LANE
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119

*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:** CHRISTOPHER COVATO

**MANAGER**

**03/19/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date