# SIGNATURE: WAYNE MANTEL

Electronic Signature of Signing Authorized Person(s) Detail

#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000215158

Entity Name: VOLATILIST MANAGEMENT, LLC

#### **Current Principal Place of Business:**

2932 LICHEN LANE UNIT C CLEARWATER, FL 33760

#### **Current Mailing Address:**

2932 LICHEN LANE, UNIT C UNIT C CLEARWATER, FL 33760 US

#### FEI Number: 85-2225592

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

MANTEL, WAYNE 2932 LICHEN LANE UNIT C CLEARWATER, FL 33760 US

City-State-Zip: CLEARWATER FL 33760

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

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	MANTEL, WAYNE	Name	TOMPKINS, JEFF
Address	2932 LICHEN LANE, UNIT C	Address	7154 W. STATE STREET, SUITE 169

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.

### AUTHORIZED MEMBER 04/06/2023

Date

Certificate of Status Desired: No

City-State-Zip: BOISE ID 83714

Date

FILED Apr 06, 2023 Secretary of State 5050017263CC

gning Authorized Person(s) Detail