

**2021 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

**Certificate of Status Desired:** No

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

MANTEL, WAYNE  
2932 LICHEN LANE  
UNIT C  
CLEARWATER, FL 33760 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 AMBR  
Name MANTEL, WAYNE  
Address 2932 LICHEN LANE, UNIT C  
City-State-Zip: CLEARWATER FL 33760

Title AMBR  
Name TOMPKINS, JEFF  
Address 7154 W. STATE STREET, SUITE 169  
City-State-Zip: BOISE ID 83714

*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:** JEFF TOMPKINS

AMBR

04/12/2021

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

\_\_\_\_\_  
Date