

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000476993

**Entity Name:** VOLUMMINA LLC

**Current Principal Place of Business:**

695 FRUIT COVE RD  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

695 FRUIT COVE RD  
SAINT JOHNS, FL 32259 US

**FEI Number:** 93-4033188

**Certificate of Status Desired:** No

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

REPUBLIC REGISTERED AGENT LLC  
1150 NW 72ND AVE TOWER I  
STE 455  
MIAMI, FL 33126 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            TARANTELLI, JACOB  
Address        695 FRUIT COVE RD  
City-State-Zip: SAINT JOHNS FL 32259

Title            AMBR  
Name            NABIEV, ALLAN  
Address        695 FRUIT COVE RD  
City-State-Zip: SAINT JOHNS FL 32259

*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:** JACOB TARANTELLI

**PARTNER**

**04/03/2024**

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

\_\_\_\_\_  
Date