

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000179418

Entity Name: AUGREALITY, LLC**Current Principal Place of Business:**1646 WEST SNOW AVENUE, SUITE 2
TAMPA, FL 33606**Current Mailing Address:**1646 WEST SNOW AVENUE, SUITE 2
TAMPA, FL 33606 US**FEI Number:** 84-2508793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, ROLANDO
1646 WEST SNOW AVENUE, SUITE 2
TAMPA, FL 33606 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 MBR
Name HAUSMAN, PAUL
Address 3611 W VASCONIA ST.
City-State-Zip: TAMPA FL 33629

Title MGR
Name DICICCO, RICHARD L
Address 449 S 12TH ST. UNIT 2105
City-State-Zip: TAMPA FL 33602

Title MBR
Name DICICCO, JOHN R
Address 101 SHOREWOOD TRACE
City-State-Zip: YORKTOWN VA 23693

Title MGR
Name GIANFILIPPO, STEVEN
Address 1646 WEST SNOW AVENUE, SUITE 2
City-State-Zip: TAMPA FL 33606

Title MBR
Name CASTELLANO, JOHN J
Address 105 S MACDILL AVE. STE 203
City-State-Zip: TAMPA FL 33609

Title MBR
Name GRM FAMILY, LP
Address 4830 W KENNEDY BLVD, SUITE 880
City-State-Zip: TAMPA FL 33609

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: STEVEN GIANFILIPPO

MGR

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date