

**2021 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****04/27/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date