

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000088194

**Entity Name:** CONSOLIDATED REALITY, LLC

**Current Principal Place of Business:**

3357 HIBERNIA PASS  
LEXINGTON, KY 40509

**Current Mailing Address:**

3357 HIBERNIA PASS  
LEXINGTON, KY 40509

**FEI Number: 81-2670611**

**Certificate of Status Desired: Yes**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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           | MGR                | Title           | MGR                |
| Name            | COLLIER, SHANE     | Name            | COLLIER, LISA      |
| Address         | 3357 HIBERNIA PASS | Address         | 3357 HIBERNIA PASS |
| City-State-Zip: | LEXINGTON KY 40509 | City-State-Zip: | LEXINGTON KY 40509 |

*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: SHANE COLLIER**

**MANAGING MEMBER**

**04/17/2018**

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

\_\_\_\_\_  
Date