

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000497762

**Entity Name:** CL REALITY LLC

**Current Principal Place of Business:**

838 BROKEN SOUND PKWY NW  
APT #103  
BOCA RATON, FL 33487

**Current Mailing Address:**

838 BROKEN SOUND PKWY NW  
APT #103  
BOCA RATON, FL 33487 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LAGOMARSINO, CHERYLYNNE  
838 BROKEN SOUND PKWY NW  
APT #103  
BOCA RATON, FL 33487 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            CEO  
Name            LAGOMARSINO, CHERYLYNNE  
Address        838 BROKEN SOUND PKWY NW, APT  
                  #103  
City-State-Zip: BOCA RATON FL 33487

Title            PRES  
Name            LAGOMARSINO, STEPHEN  
Address        838 BROKEN SOUND PKWY NW, APT  
                  #103  
City-State-Zip: BOCA RATON FL 33487

*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:** CHERYLYNNE LAGOMARSINO

**PRESIDENT**

**03/12/2023**

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

\_\_\_\_\_  
Date