

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000166700

Entity Name: BLUEPRINT WEALTH MANAGEMENT, LLC.

Current Principal Place of Business:

340 HEALD WAY
SUITE 226
THE VILLAGES, FL 32163

Current Mailing Address:

340 HEALD WAY
SUITE 226
THE VILLAGES, FL 32163

FEI Number: 46-4213139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name RSC INSURANCE BROKERAGE, INC.
Address 160 FEDERAL STREET
4TH FLOOR
City-State-Zip: BOSTON MA 02110

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: NATALIE LOGAN

SECRETARY

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date