

2017 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 US

FEI Number: 46-4213139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LASETER, KATHLEEN
317 WOODLAND TRAIL
LADY LAKE, FL 32159 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	VP
Name	PARADY, GREGORY	Name	LASETER, KATHLEEN
Address	340 HEALD WAY SUITE 226	Address	340 HEALD WAY SUITE 226
City-State-Zip:	THE VILLAGES FL 32163	City-State-Zip:	THE VILLAGES FL 32163

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: KATHLEEN LASETER

VP

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date