

**2019 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:** Yes

**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

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date