

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000208053

**Entity Name:** BLUEPRINT WINDOWS LLC

**Current Principal Place of Business:**

2200 N COMMERCE PARKWAY  
WESTON, FL 33326

**Current Mailing Address:**

11357 SW 15TH ST  
PEMBROKE PINES, FL 33025 US

**FEI Number: 81-4694003**

**Certificate of Status Desired: No**

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

GOMEZ, MICHAEL  
11357 SW 15TH ST  
PEMBROKE PINES, FL 33025 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: MICHAEL GOMEZ**

**04/23/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           GOMEZ, MICHAEL  
Address        11357 SW 15TH ST  
City-State-Zip: PEMBROKE PINES FL 33025

Title           MEMBER  
Name           GOMEZ, NICOLE  
Address        11357 SW 15TH ST  
City-State-Zip: PEMBROKE PINES FL 33025

Title           MANAGER  
Name           ATLAS WINDOWS, INC.  
Address        13275 SW 136TH ST  
City-State-Zip: MIAMI FL 33186

Title           INSTALLATION MANAGER  
Name           ANTIGUA CONSTRUCTION GROUP  
                  LLC  
Address        350 S MIAMI AVE  
City-State-Zip: MIAMI FL 33130

Title           INSTALLATION MANAGER  
Name           PACIFIC HURRICANE PROTECTION &  
                  MORE, INC.  
Address        13772 SW 115TH LANE  
City-State-Zip: MIAMI FL 33186

*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: MICHAEL GOMEZ**

**MANAGING MEMBER**

**04/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date