

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000161090

Entity Name: BLUEPRINT INSURANCE GROUP LLC

Current Principal Place of Business:

2240 W WOOLBRIGHT RD
SUITE 353
BOYNTON BEACH, FL 33426

Current Mailing Address:

2240 W WOOLBRIGHT RD
SUITE 353
BOYNTON BEACH, FL 33426 US

FEI Number: 85-1385153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADVOCATE MY INSURANCE SOLUTIONS LLC
2240 W. WOOLBRIGHT RD
STE 353
BOYNTON BEACH, FL 33426 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: CHRISTOPHER EADER

04/02/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name ONE STRANGE CHERRY LLC
Address 6814 HOULTON CIRCLE
City-State-Zip: LAKE WORTH FL 33467

Title AUTHORIZED REPRESENTATIVE
Name STRANGE, ANDREW
Address 2240 W WOOLBRIGHT RD
SUITE 353
City-State-Zip: BOYNTON BEACH FL 33426

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: ANDREW STRANGE

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date