

**2023 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

01/31/2023

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

**OWNER**

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date