

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031575

Entity Name: APOPKA BLUEPRINT LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

515 N. PARK AVENUE  
SUITE 103  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

515 N. PARK AVENUE  
SUITE 103  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-8694470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROMINE, TIMOTHY L  
515 N. PARK AVENUE  
SUITE 103  
APOPKA, FL 32712 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PIERCE, LINDA C  
Address: 515 N. PARK AVENUE, SUITE 103  
City-St-Zip: APOPKA, FL 32712

Title: MGRM  
Name: ROMINE, TIMOTHY L  
Address: 515 N. PARK AVENUE, SUITE 103  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LINDA C PIERCE

MGRM

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date