

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062495

FILED
Sep 09, 2009
Secretary of State

Entity Name: BUSINESS BLUEPRINTS LLC

Current Principal Place of Business:

777 E. ATLANTIC AVENUE, SUITE C2-384
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

777 E. ATLANTIC AVENUE, SUITE C2-384
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 26-0379005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOSTLEY, PATRICK
355 NE 5TH AVENUE, SUITE 5
DELRAY BEACH, FL 33483 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: MGR () Delete
Name: GOSTLEY, PATRICK
Address: 355 NE 5TH AVENUE, SUITE 5
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR (X) Delete
Name: GINDHART, SARA
Address: 316 ASBURY WAY
City-St-Zip: BOYNTON BEACH, FL 33426 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOSTLEY, PATRICK
Address: 777 E. ATLANTIC AVENUE, SUITE C2-384
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PATRICK GOSTLEY

MGR

09/09/2009

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