

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125281

**Entity Name:** BLUEPRINTS PLUS L.L.C.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

525 TAMIAMI TRAIL, UNIT 1  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

1641 VIRGINIA STREET  
NORTH PORT, FL 34287 US

**New Mailing Address:**

525 TAMIAMI TRAIL, UNIT 1  
PORT CHARLOTTE, FL 33953

**FEI Number:** 45-3749104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUNDZIK, JACINDA J  
1641 VIRGINIA STREET  
NORTH PORT, FL 34287 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:** GUNDZIK, SHARON D  
**Address:** 677 GAINES STREET N.W.  
**City-St-Zip:** PORT CHARLOTTE, FL 33952 US

**Title:** MGRM  
**Name:** GUNDZIK, JACINDA J  
**Address:** 1641 VIRGINIA STREET  
**City-St-Zip:** NORTH PORT, FL 34287 US

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:** SHARON GUNDZIK

OWN

04/26/2012

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