#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000124044

Entity Name: BLUPRINT CONSULTANTS, LLC

# **Current Principal Place of Business:**

4400 W SPRUCE ST #281

TAMPA, FL 33607

## **Current Mailing Address:**

PO BOX 4571

TAMPA, FL 33677 US

FEI Number: 46-3560530 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

NICHOLSON, LARRY JR 4400 W SPRUCE ST #281 TAMPA, FL 33607 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:

Electronic Signature of Registered Agent

Date

**FILED** Mar 10, 2014

**Secretary of State** 

CC5348413939

### Authorized Person(s) Detail:

Title Title **AUTHORIZED MEMBER** NICHOLSON, LARRY W JR JENKINS, KEVIN R Name Name PO BOX 4571 PO BOX 4571 Address Address City-State-Zip: TAMPA FL 33677 City-State-Zip: TAMPA FL 33677

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.