#### **2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000378856

Entity Name: NORTH STAR BEACON INVESTMENT GROUP LLC

FILED
Apr 14, 2022
Secretary of State
2918118238CC

## **Current Principal Place of Business:**

5920 NW 14TH PL SUNRISE, FL 33313

## **Current Mailing Address:**

5920 NW 14TH PL SUNRISE. FL 33313 US

FEI Number: 87-2343234 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HECTOR, CLAUDE R 521 W DAYTON CIR

FORT LAUDERDALE, FL 33312 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

#### Authorized Person(s) Detail:

Title AMBR Title AMBR

NameNKAN, EDIKANNameSUPERVILLE, NATHANIELAddressNW 14TH PLAddress7780 NW 46TH STREETCity-State-Zip:SUNRISE FL 33313City-State-Zip:LAUDERHILL FL 33351

Title AMBR Title AMBR

NameHECTOR, CLAUDE RNameATTIA, AWASIRAddress521 W DAYTON CIRAddress1241 SW 73TH AVE

City-State-Zip: FORT LAUDERDALE FL 33312 City-State-Zip: NORTH LAUDERDALE FL 33068

Title AMBR Title AMBR

NameSTEELE, DAVIDNameWRIGHT, DALEAddress11417 SW 148 ST.Address281 BELGIAN DR.

City-State-Zip: MIAMI FL 33176 City-State-Zip: MELBOURNE FL 33176

Title AMBR Title AMBR

Name CUDJOE, KAMAL Name WILSON, CRAIG

Address 3516 NW 24TH STREET Address 8226 SOUTHHAMPTON DRIVE

City-State-Zip: LAUDERDALE LAKES FL 33311 City-State-Zip: MIRAMAR FL 33025

#### Continues on page 2

**AMBR** 

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: CLAUDE R HECTOR

Electronic Signature of Signing Authorized Person(s) Detail

04/14/2022

Date

# **Authorized Person(s) Detail Continued:**

Title AMBR

Name NKAN, IME

Address 513 S MADEIRA ST

City-State-Zip: BALTIMORE MD

Title AMBR

Name ROSS, DENARD CLEMENT

Address 14851 GARDEN DRIVE

City-State-Zip: MIAMI FL 33168

Title AMBR

Name MOSLEY, JOSHUA

Address 2226 SW 80TH TERRACE

City-State-Zip: MIRAMAR FL 33025

Title AMBR

Name NOBLE, DONOVAN A

Address PO BOX 120756

City-State-Zip: FORT LAUDERDALE FL 33312

Title AMBR

Name ALLEN, MARC

Address 11129 NW 39TH ST BLDG. APT 304

City-State-Zip: SUNRISE FL 33351