

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000378856

Entity Name: NORTH STAR BEACON INVESTMENT GROUP LLC

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

FILED
Mar 25, 2024
Secretary of State
1399904928CC

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
Name NKAN, EDIKAN
Address NW 14TH PL
City-State-Zip: SUNRISE FL 33313

Title AMBR
Name SUPERVILLE, NATHANIEL
Address 230 SW STARFISH AVENUE
City-State-Zip: PORT ST LUCIE FL 34984

Title AMBR
Name HECTOR, CLAUDE R
Address 521 W DAYTON CIR
City-State-Zip: FORT LAUDERDALE FL 33312

Title AMBR
Name ATTIA, AWASIR
Address 1241 SW 73TH AVE
City-State-Zip: NORTH LAUDERDALE FL 33068

Title AMBR
Name STEELE, DAVID
Address 11417 SW 148 ST.
City-State-Zip: MIAMI FL 33176

Title AMBR
Name WRIGHT, DALE
Address 281 BELGIAN DR.
City-State-Zip: MELBOURNE FL 33176

Title AMBR
Name CUDJOE, KAMAL
Address 3516 NW 24TH STREET
City-State-Zip: LAUDERDALE LAKES FL 33311

Title AMBR
Name WILSON, CRAIG
Address 8226 SOUTHAMPTON DRIVE
City-State-Zip: MIRAMAR FL 33025

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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 ROMY HECTOR

AMBR

03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

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 5776 NW 99TH LANE
City-State-Zip: CORAL SPRINGS FL 33076