

**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*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

**Continues on page 2**

*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