

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000105661

Entity Name: NORTHSTAR INTEGRATED STRATEGIES, LLC**Current Principal Place of Business:**2900 GLADES CIRCLE
SUITE 1400
WESTON, FL 33327**Current Mailing Address:**1236 PIKES BLUFF ROAD
SAINT SIMONS ISLAND, GA 31522 US**FEI Number: 81-2613235****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSTON, CRAIG
2900 GLADES CIRCLE
SUITE 1400
WESTON, FL 33327 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	MGR
Name	JOHNSTON, CRAIG
Address	1236 PIKES BLUFF ROAD
City-State-Zip:	SAINT SIMONS ISLAND GA 31522

Title	AR
Name	HANSEN, CYNTHIA C
Address	2 WESTERLY STREET, APT. D
City-State-Zip:	WELLESLEY MA 02482

Title	AR
Name	HOPGOOD, JAMES E
Address	2100 SOUTH OCEAN LANE, UNIT 302
City-State-Zip:	FORT LAUDERDALE FL 33316

Title	AR
Name	HOPGOOD, CHRIS J
Address	1630 SOUTH OCEAN LANE, #235
City-State-Zip:	FORT LAUDERDALE FL 33316

Title	AR
Name	MARQUIS, WILLIAM B
Address	37 TRILLIAM RUN
City-State-Zip:	SUTTON MA 01590

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: CRAIG JOHNSTON**MANAGING MEMBER****04/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date