

Form Revision Date 07/2016

ANNUAL STATEMENT
For use by DOMESTIC LIMITED LIABILITY COMPANY

(Required by Section 207, Act 23, Public Act of 1993)

Identification Number:	801	422078		
Annual Statement Filing Year: 2023				
1. Limited Liability Company	/ Name:			
NORTH STAR PORTFOLI	O MANAGEMENT, LLC			
 The street address of th Resident Agent Name: 	e limited liability company's registered of JOEL M DOREMAN	fice and name of the resident agent at that office:		
2. Street Address:	40900 WOODWARD AVE STE 350			
Apt/Suite/Other:				
City:	BLOOMFIELD HILLS			
State:	MI	Zip Code: 48304		
3. Mailing address of the re	egistered office:			
P.O. Box or Street Address:	40900 WOODWARD AVE. SUITE 350			
Apt/Suite/Other:	NORTH STAR PARTNERS LLC			
	BLOOMFIELD HILLS			
City:		Zip Code: 48304		

Signed this 9th Day of December, 2022 by:

Signature	Title	Title if "Other" was selected
Joel Dorfman	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act. jm Decline jm Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2023 ANNUAL STATEMENT

for

NORTH STAR PORTFOLIO MANAGEMENT, LLC

ID Number: 801422078

received by electronic transmission on December 09, 2022, is hereby endorsed.

Filed on December 09, 2022, *by the Administrator*.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 9th day of December, 2022.

Jinda "

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau