

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000001932

**Entity Name:** S.B.C. GENERAL INVESTMENT LLC"

**Current Principal Place of Business:**

BOX 6113  
DELRAY BEACH , FL 33482

**Current Mailing Address:**

BOX 6113  
DELRAY BEACH, FL 33482 US

**FEI Number:** 36-4720507

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHRISTOPHER, ALEXANDER C  
622 DAVIS ROAD  
DELRAY BEACH, FL 33445 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 DESINE , WILFRID  
Address POST OFFICE BOX 6113  
City-State-Zip: DELRAY BEACH FL 33482

Title MGRM  
Name DESINE, STACY  
Address POST OFFICE BOX 6113  
City-State-Zip: DELRAY BEACH FL 33482

Title MGRM  
Name DESINE , SOVIANE  
Address POST OFFICE BOX 6113  
City-State-Zip: DELRAY BEACH FL 33482

Title MGRM  
Name DESINE , BRANDON J  
Address POST OFFICE BOX 6113  
City-State-Zip: DELRAY BEACH FL 33482

Title MGRM  
Name DESINE, COURTNEY S  
Address POST OFFICE BOX 6113  
City-State-Zip: DELRAY BEACH FL 33482

*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:** WILFRID DESINE

**MGR**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date