

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091443

**Entity Name:** THE GENERAL, DEBT SOLUTIONS LLC

**Current Principal Place of Business:**

2061 NW 2ND AVE  
STE 205  
BOCA RATON, FL 33431

**Current Mailing Address:**

355 INDUSTRIAL PARK DRIVE  
BOONE, NC 28607

**FEI Number:** 27-0977770

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 MGRM  
Name LEFF, STEVEN B  
Address 2061 NW 2ND AVE  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name JCKC GROUP, LLC  
Address 2061 NW 2ND AVE  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name SOFIELD, ROBERT TJR  
Address 355 INDUSTRIAL PARK  
City-State-Zip: BOONE NC 28607

Title MGRM  
Name TCM DEBT SERVICES, LLC  
Address 355 INDUSTRIAL PARK  
City-State-Zip: BOONE NC 28607

*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:** ROBERT T SOFIELD JR

**MANAGER**

**03/04/2014**

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

\_\_\_\_\_  
Date