

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000227293

**Entity Name:** DOUBLEWORDPLAY LLC

**Current Principal Place of Business:**

DOUBLEWORDPLAY  
PO BOX 5079  
CHARLOTTE, NC 28299

**FILED**  
**Mar 26, 2021**  
**Secretary of State**  
**1116803336CC**

**Current Mailing Address:**

1000 CENTRAL AVE  
569  
CHARLOTTE, NC 28204 US

**FEI Number: 83-2036528**

**Certificate of Status Desired: Yes**

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO,, FL 32822 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            MAMMADOV, SAMIR  
Address        1000 CENTRAL AVE  
                  569  
City-State-Zip: CHARLOTTE NC 28204

*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: SAMIR MAMMADOV**

**03/26/2021**

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

\_\_\_\_\_  
Date