

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000405047

**Entity Name:** DOUBLE AA POSITIVE, LLC

**Current Principal Place of Business:**

1615 SOUTH CONGRESS AVE  
103  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

PO BOX 1426  
BOCA RATON, FL 33429 UN

**FEI Number:** 37-2016041

**Certificate of Status Desired:** No

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

TAX PROFESSIONALS, LLC  
1615 SOUTH CONGRESS AVE  
103  
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            AMBR  
Name            MIHOLICS, ADRIENN  
Address        PO BOX 1426  
City-State-Zip: BOCA RATON FL 33429

Title            AMBR  
Name            SARKADI-ENCSY, ALIZ  
Address        PO BOX 1426  
City-State-Zip: BOCA RATON FL 33429

*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:** ADRIENN MIHOLICS

**CEO**

**04/03/2023**

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

\_\_\_\_\_  
Date