# L21000216989

(Requ	uestor's Name)	
(Addi	ess)	
(AddA)	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

PARLAR INVESTMENT LLC		
SUBJECT:	<del></del>	
(Name of Li	mited Liability C	(ompany)
The enclosed member, resignation or disso	ciation and fee	e(s) are submitted for filing.
Please return all correspondence concernin	g this matter to	o:
Gokhan Parlar		
(Contact Person)		
(Firm/Company)	<del></del>	<del></del>
2151 Consulate Dr #13		
(Address)		<del></del>
Orlando JT, 32837		
(City/State and Zip Code)		
For further information concerning this ma	nter, please cal	11:
Omar Akdeniz	407	4043853
	at (	)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number
Enclosed please find a check made payable ☐ \$25 Filing Fee	e to the Florida □ \$55 Fili	a Department of State for: ing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2022

RECEIVED

GOKHAN PARLAR 2151 CONSULATE DR #13 ORLANDO, FL 32837

SUBJECT: PARLAR INVESTMENT LLC

Ref. Number: L21000216989

2022 FEB 14 PM 12: 24

SECRETARY OF STATE TALLAHASSEE, FL

We have received your document for PARLAR INVESTMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 622A00002683





### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	e limited liability company as it appears on the records of the Florida Department LAR INVESTMENT LLC
	<del></del>
2. The Florida doc 1.21000216989	cument/registration number assigned to this limited liability company is:
	. 12/31/2021
<ol> <li>The date this m GOKHAN PAI</li> </ol>	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a
(Print : MBR	Name of Person Resigning)
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
(4	etys -
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)