

L21000216989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

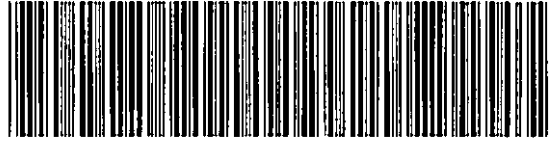
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

PARLAR INVESTMENT LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gokhan Parlar

(Contact Person)

(Firm/Company)

2151 Consulate Dr #13

(Address)

Orlando ,FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Omar Akdeniz

407

4043853

(Name of Contact Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing 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

GOKHAN PARLAR
2151 CONSULATE DR #13
ORLANDO, FL 32837

SUBJECT: PARLAR INVESTMENT LLC
Ref. Number: L21000216989

RECEIVED

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

