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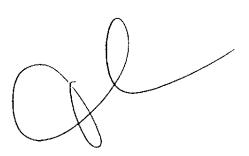
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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

MESSAGE PARALLEL LLC SUBJECT:				
	ted Liability Con	mpany)		
The enclosed member, resignation or dissocia	ation and fee(	s) are submitted for fi	ling.	
Please return all correspondence concerning t	his matter to:			
Brian Anderson				
(Contact Person)		_		
MESSAGE PARALLEL LLC				
(Firm/Company)		<del>-</del>		
7901 Portrait Ct.				
(Address)	·	_		
New Port Richey, FL 34654			į	202
(City/State and Zip Code)		_	i÷	3 DE C
For further information concerning this matte	er, please call:		i _	321
Brian Anderson	910 at (	3645960		2023 DEC 2   AH 10: 36
(Name of Contact Person)	· · · · · · · · · · · · · · · · · · ·	& Daytime Telephone	Number)	36
Enclosed please find a check made payable to   \$\Begin{align*} \Begin{align*} \Be		Department of State for great State for great Copies and Copies are considered to the copies are copies		
Mailing Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corpora		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



## 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)

	Elimited liability company as SAGE PARALLEL LLC	• •	of the Florid	a Depart	ment
2. The Florida doc	ument/registration number as	ssigned to this limited liab	oility compan	y is:	
DADTHA DHAT	ember/manager withdrew/resi			2023	
MGR	Same of Person Resigning)				
	(Print Title) bility company and affirm thitting.	e limited liability compar	ıy has been n	otified o	f my
Signature of D	Blotha fember or Resign	ning Manager	<u></u>	2023 DEC 2 I	
	\$25.00 (Required) \$30.00 (Optional)			21 6:110:3	