

L20000 114339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

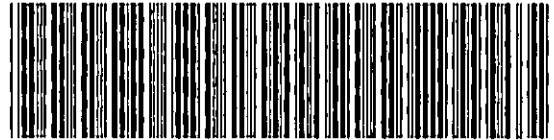
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT 18 AM 11:16  
TALLAHASSEE, FL

BRUCE  
OCT 31 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Turbulent Minds, LLC  
(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:

Sascha Gundlach

(Contact Person)

Turbulent Minds LLC

(Firm/Company)

3664 Cassia Drive

(Address)

Orlando, FL, 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

Sascha Gundlach

(Name of Contact Person)

at ( 407 ) 800-2862

(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

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **Turbulent Minds LLC**
2. The Florida document/registration number assigned to this limited liability company is:  
**L20000114339**
3. The date this member/manager withdrew/resigned or will withdraw/resign is: **10/8/2021**
4. I, **Michelle Kristin Martin**, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
**Managing Member**  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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