



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MTTBA MANAGEMENT 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:

TAMARA JOHNSON  
(Contact Person)

MTTBA MANAGEMENT LLC  
(Firm/Company)

52 Riley Rd #350  
(Address)

Celebration FL 3474  
(City/State and Zip Code)

For further information concerning this matter, please call:

TAMARA JOHNSON at ( 407 ) 451-0159  
(Name of Contact Person) (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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



FILED  
2016 DEC 22 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: M-TI BA MANAGEMENT LLC

2. The Florida document/registration number assigned to this limited liability company is: L13000177033

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/09/16

4. I, Michael Johnson, hereby withdraw/resign as a  
(Print Name of Person Resigning)

ST  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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