## L19000046581

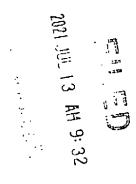
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
NATIONAL RETAIL ADVISORY 2, LLC SUBJECT:	
(Name of Limited Liability	(Company)
The enclosed member, resignation or dissociation and f	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Andrea Blade (Contact Person)	
National Retail Advisory G  (Firm/Company)  1000 Quayside Terrace #1  (Address)	roup Lel
(Firm/Company)	
1000 Quayside Terrace #1	404
(Address)	· <del></del>
Hiami, FL 33138 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
Andrea Blade at 300	5 AOO. 7745 Code & Daytime Telephone Number)
(Name of Contact Person) (Area (	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floring \$25 Filing Fee	da Department of State for: 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

CR2E079 (2/14)





## 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)

	e limited liability company as it appears on the records of the Florida Department
2. The Florida doc £19000046581	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 1 21
4. I. <u>And</u>	Vame of Person Resigning), hereby withdraw/resign as a
MANAGER	·
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my riting.
a 8	Beade
ط ignature or	issociating Member or Resigning Manager
	·
-	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)