

L23000390216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

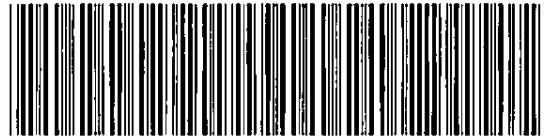
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600415886606

09/19/23--01006--002 \*\*25.00

FILED

2023 SEP 19 PM 2:14

VW

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Heza, 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:

Stephanie Kronen

\_\_\_\_\_  
(Contact Person)

Heza, LLC

\_\_\_\_\_  
(Firm/Company)

22 Stratford Dr E Apt B

\_\_\_\_\_  
(Address)

Boynton Beach, FL 33436

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Kronen

954 655-7666  
at ( )

\_\_\_\_\_  
(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

**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)


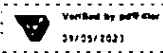
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Heza, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
500414237375

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 5, 2023

4. I, Alexandra Gerdtz Martinez, 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)

FILED  
2023 SEP 19 PM 2:14  
CLERK OF COURT  
CLERK OF COURT