L19000161587

	 	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(//2	areas,	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
	isiness Entity Name)	
(BC	isiless Lility Halile)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	_	
		
Special Instructions to	Filing Officer:	İ
<u> </u>		

Office Use Only



000366437320

06/01/21-+01013-+010 **25.00



O SIMMONS

JUL 1 2 2021

COVER LETTER

TO: Registration Section Division of Corporations
Division of Corporations
SUBJECT: Salesforce for Good LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L19000161587
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at (800 773-0888
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the und	dersigned,	100)	
United States Corporation Agents, Inc. Name of Registered Agent		_ , hereby resigns as		
		_ , nereby resigns as	1	
Registered Agent for Salesforce for Good LLC				
-				•
	Name of Limited Liability Company			
L19000161587				
Document ?	Number, if known			
	ion was mailed to the above listed limited liabilit			
The agency is terminat	ted and the office discontinued on the 31st day af	ter the date on which th	nis statement is file	d.
	Stgnature of Resigning Agent			
If signing on behalf of	an entity:			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corporation A	Agents, Inc.		
	Capacity			

FILING FEES:

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314