

**L14000196140**

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

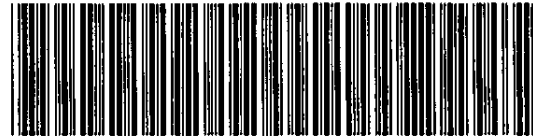
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**100293931461**

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2017 JAN 10 P 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
**JAN 11 2017**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JABOTI DEVELOPMENT LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARA BILLINGS

(Name of Person)

JABOTI DEVELOPMENT LLC

(Firm/Company)

New address: 37 Auger Av

(Address)

Northborough MA 01532

(City/State and Zip Code)

For further information concerning this matter, please call:

Sara Billings  
(Name of Person)

at ( 508 ) 769.38  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Jaboti Development LLC

2. The Articles of Organization were filed on 12/31/2014 and assigned

document number L14000196140

3. The delayed effective date the dissolution if not effective on the date of filing: 01/05/2017  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Moved to Massachusetts and never was  
able to use this LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Sara Billings  
Signature

SARA BILLINGS  
Printed Name

**FILING FEE: \$25.00**