

LOG 0000 0000 406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

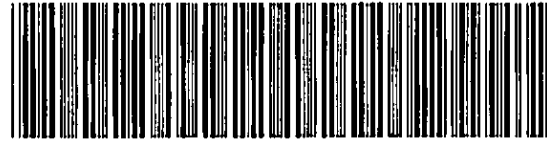
(Business Entity Name)

(Document Number)

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2022 JUN 27 PM 5:23

9/21/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELDER PLANNING INCOME CONCEPTS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeannie Shipp

Name of Person

The Midgett Law Firm, PLLC

Firm/Company

3510 NE 14th Street

Address

Ocala, FL 34470

City/State and Zip Code

Jeannie@midgettelderlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannie F. Shipp

352

369-3777

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: ELDER PLANNING INCOME CONCEPTS, LLC

SECOND: The Florida Document Number of the limited liability company is: L06000000406

THIRD: The street address of the limited liability company's principal office is:

3510 NE 14th Street, Ocala, FL 34470

The mailing address of the limited liability company's principal office is:

3510 NE 14th Street, Ocala, FL 34470

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FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.


a. Granted to: David Midgett or Daniel Robertson

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: David Midgett or Daniel Robertson

b. No authority granted to: N/A


Signature of authorized representative

David Midgett, Managing Member

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**