

L15000118643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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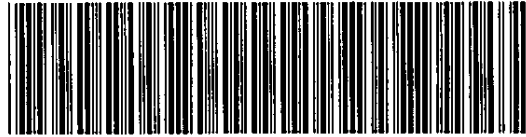
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Corellian Capital, LLC

L15000118643

Dear Sir or Madam:

The enclosed Statement of Authority and fee is submitted for filing.

Please return all correspondence concerning this matter to the following:

**Jeannie F. Shipp**  
Name of Person

**The Midgett Law Firm, PLLC**  
Firm/Company

**507 NE 8<sup>th</sup> Avenue**  
Address

**Ocala, Florida 34470-5344**  
City/State and Zip Code

**Jeannie@midgettelderlaw.com**  
Email address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

**Jeannie F. Shipp** at **(352)** **369-3777**  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302, Florida statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: **Corellian Capital, LLC**

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

**507 NE 8<sup>th</sup> Avenue**  
**Ocala, Florida 34470-5344**

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

**507 NE 8<sup>th</sup> Avenue**  
**Ocala, Florida 34470-5344**

**THIRD:** This statement of authority grants or set 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:

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

c. Granted to: **David Midgett or Daniel Robertson**

d. No authority granted to: **N/A**


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

d. Granted to: **David Midgett or Daniel Robertson**

e. No authority granted to: **N/A**

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**Corellian Capital, LLC**

  
By: **David Midgett, Managing Member**  
Signature of authorized representative

**David Midgett, Managing Member**  
Typed or printed name of signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**