

L99000009688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **B.P LIMITED LIABILITY COMPANY**

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

**RICHARD NESLUND**

*Name of Manager*

**B.P LIMITED LIABILITY COMPANY**

*Name of Company*

**15210 Wayzata Blvd**

*Address of Company*

**Wayzata, MN 55391**

*City/State and Zip Code*

**rockcrush@aol.com**

*E-mail Address of Manager*

For further information concerning this matter, please call:

Amanda Moses at

**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

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John L. Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

2025 AUG 14 AM 8:33  
STATE  
CLERK  
OFFICE

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 13 day of May, 2025, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

**FIRST:** The name of the limited liability company is: **B.P LIMITED LIABILITY COMPANY**

**SECOND:** The Florida Document Number of the limited liability company is: **L99000009088**

**THIRD:** The street address of the limited liability company's principal office is: **15210 Wayzata Blvd, Wayzata, MN 55391**

The mailing address of the limited liability company's principal office is: **15210 Wayzata Blvd, Wayzata, MN 55391**

**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 matters enumerated below:

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
  - a. Granted to: **RICHARD NESLUND**, as Manager.
  - b. No authority granted to:
2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
  - a. Granted to: **RICHARD NESLUND**, as Manager.
  - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

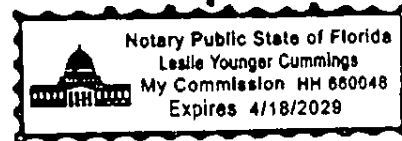
Richard Neslund  
Signature of authorized representative

RICHARD NESLUND, as Manager  
Printed name and position title

STATE OF Florida  
COUNTY OF Lee

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 13 day of may, 2025, by RICHARD NESLUND, Manager of B.P. LIMITED LIABILITY COMPANY, a Florida limited liability company, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

[Signature]  
Notary Public, State of  
My Commission Expires:  
(Seal)



2025 AUG 15 AM 8:33  
LEE COUNTY STATE  
EE FL

This instrument Prepared By and Return To:  
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM  
John L. Wideikis, Esq.  
3195 S. Access Road  
Englewood, FL 34224

### STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 18 day of May, 2025, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

FIRST: The name of the limited liability company is: **B.P LIMITED LIABILITY COMPANY**

SECOND: The Florida Document Number of the limited liability company is: **L99000009088**

THIRD: The street address of the limited liability company's principal office is: **15210 Wayzata Blvd, Wayzata, MN 55391**

The mailing address of the limited liability company's principal office is: **15210 Wayzata Blvd, Wayzata, MN 55391**

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 matters enumerated below.

1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.

- a. Granted to: **RICHARD NESLUND**, as Manager.
  - b. No authority granted to:

2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.

- a. Granted to: **RICHARD NESLUND**, as Manager.
  - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

*Richard Neslund*  
Signature of authorized representative

RICHARD NESLUND, as Manager  
Printed name and position title

STATE OF Florida  
COUNTY OF Lee

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 13 day of may, 2025, by RICHARD NESLUND, Manager of B.P LIMITED LIABILITY COMPANY, a Florida limited liability company, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath

*[Signature]*  
Notary Public, State of  
My Commission Expires:  
(Seal)



2025 AUG 15 AM 8:33  
STATE  
NOTARY  
PUBLIC