

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21000000021

**Entity Name:** HASSELWANDER, LLLP

**Current Principal Place of Business:**

1793 HWY 201 NORTH  
MOUNTAIN HOME, AR 72653

**Current Mailing Address:**

1793 HWY 201 NORTH  
MOUNTAIN HOME, AR 72653

**FEI Number: 86-3296884**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HASSELWANDER, BRADLEY L  
104 MONTGOMERY  
SANTA ROSA, FL 32459 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document #

Name HASSELWANDER MANAGEMENT, LLC

Address 104 MONTGOMERY

City-State-Zip: SANTA ROSA FL 32459

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRADLEY L. HASSELWANDER**

**MANAGER**

**03/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date