

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000232620

**Entity Name:** HASSE ENTERPRISES, LLC**Current Principal Place of Business:**21750 CEDAR AVE. S.  
LAKEVILLE, MN 55044**Current Mailing Address:**21750 CEDAR AVE. S.  
LAKEVILLE, MN 55044 US**FEI Number:** 20-3705765**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYON, CRAIG W  
FIFTH AVENUE FAMILY OFFICE  
3003 TAMiami TRAIL N SUITE 410  
NAPLES, FL 34103 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:** CRAIG W LYON

01/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	HASSE, GLENN W	Name	HASSE, TIMOTHY W
Address	81 SEAGATE DRIVE UNIT 1503	Address	1145 GALLEON DRIVE
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34102
Title	ACCOUNTANT		
Name	NOREEN, LINDA CAROL		
Address	21750 CEDAR AVE. S.		
City-State-Zip:	LAKEVILLE MN 55044		

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA NOREEN

ACCOUNTANT

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date