

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005917

**Entity Name:** SOUTH PASCO PROPERTIES, LLC

**Current Principal Place of Business:**

ONE FINANCIAL PLAZA  
SUITE 1700  
HARTFORD, CT 06103

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC1177149041**

**Current Mailing Address:**

ONE FINANCIAL PLAZA  
SUITE 1700  
HARTFORD, CT 06103 US

**FEI Number:** 20-3887968

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title	MANAGING MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	Name	WOOTON, JOHN R
Address	ONE FINANCIAL PLAZA SUITE 1700	Address	ONE FINANCIAL PLAZA SUITE 1700
City-State-Zip:	HARTFORD CT 06103	City-State-Zip:	HARTFORD CT 06103
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	WHITNEY, ROBERT	Name	THOMAS, FLEMING
Address	ONE FINANCIAL PLAZA SUITE 1700	Address	ONE FINANCIAL PLAZA SUITE 1700
City-State-Zip:	HARTFORD CT 06103	City-State-Zip:	HARTFORD CT 06103

*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:** JOHN R. WOOTON

**AUTHORIZED REPRESENTATIVE**

**04/28/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date