

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000081

Entity Name: CORNERSTONE FORT PIERCE DEVELOPMENT, LLC

Current Principal Place of Business:

ONE FINANCIAL PLAZA
HARTFORD, CT 06103

Current Mailing Address:

ONE FINANCIAL PLAZA
HARTFORD, CT 06103 US

FEI Number: 56-2630592

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
Name MASSACHUSETTS MUTUAL LIFE
 INSURANCE COMPANY
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title MEMBER
Name ECHO FORT PIERCE ASSOCIATES,
 L.P.
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title AUTHORIZED REPRESENTATIVE
Name MCRAIN, CASSIE
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title AUTHORIZED REPRESENTATIVE
Name FREEMAN, MARK
Address ONE FINANCIAL PLAZA
City-State-Zip: HARTFORD CT 06103

Title AUTHORIZED REPRESENTATIVE
Name TOWILL, WILLIAM
Address ONE FINANCIAL PLAZA
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: WILLIAM TOWILL

**AUTHORIZED
REPRESENTATIVE**

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date