2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002864

Entity Name: SAWGRASS VILLAGE SHOPPING CENTER LLC

Current Principal Place of Business:

C/O BARINGS LLC, 300 SOUTH TRYON STREET, SUITE 2500
CHARLOTTE, NC 28202

Current Mailing Address:

C/O BARINGS LLC, 300 SOUTH TRYON STREET, SUITE 2500
CHARLOTTE, NC 28202 US

FEI Number: NOT APPLICABLE

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:

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Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MANAGING DIRECTOR		Title	AUTHORIZED MEMBER
Name	MCCRAIN, CASSIE A.		Name	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
Address	C/O BARINGS LLC, 300 SOUTH TRYON STREET, SUITE 2500		Address	C/O BARINGS LLC, 300 SOUTH TRYON STREET, SUITE 2500
City-State-Zip:	CHARLOTTE NC 28202		City-State-Zip:	CHARLOTTE NC 28202
Title	MANAGING DIRECTOR		Title	MANAGING DIRECTOR
Name	FREEMAN, MARK		Name	CERRATO, PETER
Address	C/O BARINGS LLC, 300 SOUTH TRYON STREET, SUITE 2500		Address	C/O BARINGS LLC, 300 SOUTH TRYON STREET, SUITE 2500
City-State-Zip:	CHARLOTTE NC 28202		City-State-Zip:	CHARLOTTE NC 28202

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: PETER CERRATO   MANAGING DIRECTOR   05/01/2024

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Electronic Signature of Signing Authorized Person(s) Detail   Date