

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1000002864

**Entity Name:** SAWGRASS VILLAGE SHOPPING CENTER LLC

**Current Principal Place of Business:**

ONE FINANCIAL PLAZA  
SUITE 1700  
HARTFORD, CT 06103

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC2440877129**

**Current Mailing Address:**

ONE FINANCIAL PLAZA  
SUITE 1700  
HARTFORD, CT 06103 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MANAGING MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	Name	KARBOWICZ, CJ
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: CJ KARBOWICZ**

**AUTHORIZED  
REPRESENTATIVE**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date