

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002864

Entity Name: SAWGRASS VILLAGE SHOPPING CENTER LLC

Current Principal Place of Business:

ONE FINANCIAL PLAZA
SUITE 1700
HARTFORD, CT 06103

FILED
Apr 28, 2017
Secretary of State
CC7432827238

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	BOUDREAU, LAWRENCE J
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	ROMANO, DAVID	Name	HOUSTON, LINDA
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: DAVID ROMANO

AUTHORIZED REPRESENTATIVE

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date