

**2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M1000002864

**FILED  
Jul 20, 2022  
Secretary of State  
8533045158CC**

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

**Current Principal Place of Business:**

ONE FINANCIAL PLAZA  
HARTFORD, CT 06103

**Current Mailing Address:**

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

Title            AUTHORIZED PERSON  
Name            MCCRAIN, CASSIE A.  
Address         C/O BARINGS LLC  
                  ONE FINANCIAL PLAZA SUITE 1700  
City-State-Zip: HARTFORD CT 06103

Title            AUTHORIZED PERSON  
Name            JOYCE, MAUREEN  
Address         C/O BARINGS LLC  
                  ONE FINANCIAL PLAZA SUITE 1700  
City-State-Zip: HARTFORD CT 06103

Title            AUTHORIZED PERSON  
Name            OCKERBLOOM, JOHN  
Address         C/O BARINGS LLC  
                  ONE FINANCIAL PLAZA SUITE 1700  
City-State-Zip: HARTFORD CT 06103

Title            AUTHORIZED PERSON  
Name            FREEMAN, MARK  
Address         C/O BARINGS LLC  
                  ONE FINANCIAL PLAZA SUITE 1700  
City-State-Zip: HARTFORD CT 06103

Title            AUTHORIZED PERSON  
Name            GORIN, JOSEPH  
Address         C/O BARINGS LLC  
                  ONE FINANCIAL PLAZA SUITE 1700  
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 KENNEDY**

**AUTHORIZED PERSON**

**07/20/2022**

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

\_\_\_\_\_  
Date