

**2018 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 20, 2018**  
**Secretary of State**  
**CC8217499248**

**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  
Name           MASSACHUSETTS MUTUAL LIFE  
                  INSURANCE COMPANY  
Address        ONE FINANCIAL PLAZA  
                  SUITE 1700  
City-State-Zip: HARTFORD CT 06103

Title           SECRETARY  
Name           KARBOWICZ, CJ  
Address        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: CJ KARBOWICZ**

**SECRETARY**

**04/20/2018**

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

\_\_\_\_\_  
Date