

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049447

Entity Name: COLLIERS INTERNATIONAL SOUTHWEST FLORIDA, LLC**Current Principal Place of Business:**13241 UNIVERSITY DRIVE, SUITE 101
FORT MYERS , FL 33907**Current Mailing Address:**311 PARK PLACE BLVD
STE 600
CLEARWATER, FL 33759**FEI Number:** 27-2623154**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARNOLD, LEE E JR.
311 PARK PLACE BLVD.
SUITE 600
CLEARWATER, FL 33759 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:** LEE E ARNOLD JR

04/26/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO
Name	ARNOLD, LEE E JR.
Address	311 PARK PLACE BLVD - STE 600
City-State-Zip:	CLEARWATER FL 33759
Title	SENIOR VICE PRESIDENT
Name	SCOTT, JOHN K
Address	311 PARK PLACE BLVD., SUITE 600
City-State-Zip:	CLEARWATER FL 33759
Title	MANAGER
Name	SPIEGEL, DANIEL L
Address	6250 N. RIVER ROAD, SUITE 11-100
City-State-Zip:	ROSEMONT IL 60018

Title	PRESIDENT
Name	KRATZ, RYAN D
Address	311 PARK PLACE BLVD - STE 600
City-State-Zip:	CLEARWATER FL 33759
Title	MANAGER
Name	ROBINSON, CRAIG
Address	666 FIFTH AVENUE
City-State-Zip:	NEW YORK NY 10103
Title	MANAGER
Name	HARBERT, JOSEPH
Address	666 FIFTH AVENUE, 4TH FLOOR
City-State-Zip:	NEW YORK NY 10103

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: DANIEL L SPIEGEL

MANAGER

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date