

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 10, 2014
Secretary of State
CC1143971797

Entity Name: COLLIERS INTERNATIONAL VALUATION AND ADVISORY SERVICES OF TAMPA BAY, CENTRAL, AND SOUTHWEST FLORIDA LLC

Current Principal Place of Business:

4350 W. CYPRESS STREET
SUITE 300
TAMPA, FL 33607

Current Mailing Address:

4350 W. CYPRESS STREET
SUITE 300
TAMPA, FL 33607 US

FEI Number: 99-0362961

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MGR
Name	ALEGRE, EDUARDO E
Address	601 UNION STREET SUITE 4800
City-State-Zip:	SEATTLE WA 98101
Title	MGR
Name	SPIEGEL, DANIEL L
Address	6250 N. RIVER ROAD, SUITE 11-100
City-State-Zip:	ROSEMONT IL 60018
Title	T
Name	KNOLL, BLAINE
Address	5796 ARMADA DRIVE, SUITE 210
City-State-Zip:	CARLSBAD FL 92008
Title	CHAIRMAN
Name	TAYLOR, DYLAN E
Address	601 UNION STREET, SUITE 4800
City-State-Zip:	SEATTLE WA 98101

Title	MGR
Name	ARNOLD, LEE JR.
Address	4350 W. CYPRESS STREET, SUITE 300
City-State-Zip:	TAMPA FL 33607
Title	S
Name	ARNETTE, MICHAEL
Address	601 UNION STREET, SUITE 4800
City-State-Zip:	SEATTLE WA 98101
Title	AT
Name	THIELMAN, JEFFREY D
Address	601 UNION STREET, SUITE 4800
City-State-Zip:	SEATTLE WA 98101

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

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date