

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122064

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**3103182048CC**

**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 801 BRICKELL AVENUE, SUITE 850  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name BOROK, GIL  
Address 16830 VENTURA BOULEVARD, SUITE J  
City-State-Zip: ENCINO CA 91436

Title T  
Name KNOLL, BLAINE  
Address 9820 WILLOW CREEK ROAD, SUITE 300  
City-State-Zip: SAN DIEGO CA 92131

Title S  
Name HAWKINS, MATTHEW  
Address 1255 BAY STREET, SUITE 600  
City-State-Zip: TORONTO ON M5R 2A9

*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: GIL BOROK**

**MANAGER**

**04/27/2020**

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

\_\_\_\_\_  
Date