

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000255868

FILED
Jun 04, 2018
Secretary of State
CC7393157536

Entity Name: CUSHMAN & WAKEFIELD OF FLORIDA, LLC

Current Principal Place of Business:

333 SE 2ND AVENUE, SUITE 3900
MIAMI, FL 33131

Current Mailing Address:

225 W WACKER DRIVE
SUITE 3000
CHICAGO, IL 60606 US

FEI Number: 00-0000000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MANAGER, VP, CFO
Name: REELITZ, KALANI
Address: 225 W WACKER, SUITE 3000
City-State-Zip: CHICAGO IL 60606

Title: MANAGER
Name: KNIGHTLY, WILLIAM
Address: 225 W WACKER, SUITE 3000
City-State-Zip: CHICAGO IL 60606

Title: MANAGER, SECRETARY
Name: KAIN, PAMELA
Address: 225 W WACKER, SUITE 3000
City-State-Zip: CHICAGO IL 60606

Title: AUTHORIZED MEMBER
Name: CUSHMAN & WAKEFIELD, INC.
Address: 1290 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10104

Title: PRESIDENT, CEO
Name: MOBLEY, SHAWN
Address: 225 W WACKER DRIVE
SUITE 3000
City-State-Zip: CHICAGO IL 60606

Title: PRESIDENT, AMERICAS PLATFORM,
AND SERVICE DELIVERY
Name: SCHWARTZ, TODD
Address: 1290 AVENUE OF THE AMERICAS
SUITE 3000
City-State-Zip: NEW YORK NY 10104

Title: VP, COO
Name: CENKUS, RICHARD
Address: 2021 MCKINNEY AVENUE, SUITE 900
City-State-Zip: DALLAS TX 75201

Title: DIRECTOR, U.S. HEAD OF TAX
Name: DAVET, ANDREW
Address: 225 W WACKER DRIVE
SUITE 3000
City-State-Zip: CHICAGO IL 60606

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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: KIRSTY CULLINANE

LEGAL ANALYST

06/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CONTROLLER
Name HEIDLOFF, TED
Address 225 W WACKER DRIVE
SUITE 3000
City-State-Zip: CHICAGO IL 60606

Title ASST. TREASURER
Name DETORE, JANICE
Address 275 MADISON AVENUE
City-State-Zip: NEW YORK NY 10016

Title VP, HEAD OF TAX
Name WINTERS, SARAH
Address 225 W WACKER DRIVE
SUITE 3000
City-State-Zip: CHICAGO IL 60606

Title TREASURER
Name KNIGHTLY, WILLIAM
Address 225 W WACKER DRIVE
SUITE 3000
City-State-Zip: CHICAGO IL 60606

Title VP, QUALIFYING BROKER
Name RICHEY, LARRY
Address ONE TAMPA CITY CTR
STE 3300
City-State-Zip: TAMPA FL 33602-5813