

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008487

Entity Name: COLLIERS INTERNATIONAL FLORIDA, LLC**Current Principal Place of Business:**801 BRICKELL AVE, SUITE 900
MIAMI, FL 33131**Current Mailing Address:**200 E BROWARD BLVD, STE 120
FORT LAUDERDALE, FL 33301 US**FEI Number:** 47-2360077**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 TREASURER
Name HEMMING, ROBERT
Address 200 GRANVILLE STREET, 19TH
 FLOOR
City-State-Zip: VANCOUVER BC V6C 2R6

Title ASST. SEC
Name SCHWAB, GEORGE L IV
Address 1114 SIXTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title VP, BROKER OF RECORD
Name KRATZ, RYAN D.
Address 801 BRICKELL AVE, SUITE 900
City-State-Zip: MIAMI FL 33131

Title BROKER OF RECORD
Name OLDENBURG, ANDREW CHRISTIAN
Address 76 S. LAURA STREET, SUITE 1501
City-State-Zip: JACKSONVILLE FL 32202

Title MGR
Name BOROK, GIL
Address 6324 CANOGA AVE SUITE 100
City-State-Zip: WOODLAND HILLS CA 91367

Title S, MGR
Name HAWKINS, MATTHEW
Address 1140 BAY STREET, STE 4000
City-State-Zip: TORONTO ON M5S 2Z4

Title BROKER OF RECORD
Name RICE, DANIEL
Address 255 SOUTH ORANGE AVENUE SUITE
 1300
City-State-Zip: ORLANDO FL 32801

Title VP
Name NORTHCUTT-DUNN, JULIE
Address 801 BRICKELL AVE, SUITE 900
City-State-Zip: MIAMI FL 33131

Continues on page 2

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: MATTHEW HAWKINS**MANAGER****04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title BROKER OF RECORD
Name OLDENBURG, ANDREW CHRISTIAN
Address 76 S. LAURA STREET, SUITE 1501
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name SIEGEL, MATTHEW
Address ONE URBAN CENTRE 4830 WEST
 KENNEDY BLVD.
 STE 600
City-State-Zip: TAMPA FL 33609