

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008487

**Entity Name:** COLLIERS INTERNATIONAL FLORIDA, LLC**Current Principal Place of Business:**2121 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134**Current Mailing Address:**601 UNION STREET STE 3320  
SEATTLE, WA 98101 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       2121 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

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       16830 VENTURA BOULEVARD, SUITE  
                  J  
City-State-Zip: ENCINO CA 91436

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

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

*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****04/21/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date