

2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M1400008487

Entity Name: COLLIERS INTERNATIONAL SOUTH FLORIDA, LLC

Current Principal Place of Business:

801 BRICKELL AVENUE
SUITE 850
MIAMI, FL 33131

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

Title ASST. SEC
Name SCHWAB, GEORGE L IV
Address 666 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10103

Title S, MGR
Name HAWKINS, MATTHEW
Address 1140 BAY STREET, SUITE 4000
City-State-Zip: TORONTO ON M5S 2B4

Title VP, BROKER OF RECORD
Name KRATZ, RYAN D.
Address 801 BRICKELL AVENUE, SUITE 850
City-State-Zip: MIAMI FL 33131

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

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

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

11/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date