

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400008487

**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

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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:** 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