

**2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M14000008487

**Entity Name:** COLLIERS INTERNATIONAL FLORIDA, LLC

**Current Principal Place of Business:**

200 E BROWARD BLVD, STE 120  
FORT LAUDERDALE, FL 33301

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

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

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

Title           BROKER OF RECORD  
Name           WEISER, WARREN P. M.  
Address        801 BRICKELL AVE, SUITE 900  
City-State-Zip: MIAMI FL 33131

Title           VP  
Name           SIEGEL, MATTHEW  
Address        ONE URBAN CENTRE 4830 WEST KENNEDY BLVD. STE 300  
City-State-Zip: TAMPA FL 33609

Title           BROKER OF RECORD  
Name           HALL, TREVOR  
Address        255 S ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title           VP  
Name           RODRIGUEZ, STENPHANIE  
Address        801 BRICKELL AVE  
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**

**06/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           BROKER OF RECORD  
Name           ENTRIKEN, MATTHEW  
Address        76 S. LAURA STREET, STE 1500  
City-State-Zip: JACKSONVILLE FL 32202

Title           MANAGING DIRECTOR  
Name           EVANS, ALEXANDER  
Address        255 S ORANGE AVE  
                  STE 1300  
City-State-Zip: ORLANDO FL 32801