

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006535

**Entity Name:** RK FINANCIAL LLC**Current Principal Place of Business:**17100 COLLINS AVENUE, SUITE 225  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17100 COLLINS AVENUE, SUITE 225  
SUNNY ISLES BEACH, FL 33160**FEI Number:** 26-1768857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUTTER, MITCHELL  
17100 COLLINS AVENUE, SUITE 225  
SUNNY ISLES BEACH, FL 33160 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	MGRM
Name	KATZ, RAANAN
Address	17100 COLLINS AVENUE, SUITE 225
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGRM
Name	KATZ, PHYLLIS
Address	17100 COLLINS AVENUE, SUITE 225
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	KATZ, DANIEL
Address	17100 COLLINS AVENUE, SUITE 225
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	KATZ, DAVID
Address	17100 COLLINS AVENUE, SUITE 225
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	KATZ, SABRA
Address	17100 COLLINS AVENUE, SUITE 225
City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** DAVID KATZ**MANAGER****02/26/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date