

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000009204

1. Entity Name
R.K. ASSOCIATES XVIII, L.L.C.



Principal Place of Business
**17100 COLLINS AVE.
SUNNY ISLES, FL 33160**

Mailing Address
**17100 COLLINS AVE.
SUNNY ISLES, FL 33160**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1020404

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEVLIN, BARRY T
1111 KANE CONCOURSE, SUITE 605
BAY HARBOR ISLANDS, FL 33154**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KATZ, RAANAN
STREET ADDRESS	17100 COLLINS AVE.
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	MGR
NAME	KATZ, DANIEL
STREET ADDRESS	17100 COLLINS AVE., STE. 25
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	MGR
NAME	KATZ, DAVID
STREET ADDRESS	17100 COLLINS AVE., STE. 225
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	MGR
NAME	KATZ, SABRA
STREET ADDRESS	17100 COLLINS AVW., STE. 225
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000819861
02/18/08-80005-007 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

David Katz

2-1-08

781-320-0001

Date

Daytime Phone #