

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087924

Entity Name: RK/FL MANAGEMENT, INC.**Current Principal Place of Business:**17100 COLLINS AVE STE 225
SUNNY ISLES BCH, FL 33160**Current Mailing Address:**17100 COLLINS AVE STE 225
SUNNY ISLES BCH, FL 33160**FEI Number: 74-3147783****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUTLER, MITCHELL
17100 COLLINS AVE STE 225
SUNNY ISLES BCH, 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**Officer/Director Detail :**

Title	DP
Name	KATZ, RAANAN
Address	17100 COLLINS AVE STE 225
City-State-Zip:	SUNNY ISLES BCH FL 33160

Title	DVTS
Name	KATZ, DANIEL
Address	17100 COLLINS AVE STE 225
City-State-Zip:	SUNNY ISLES BCH FL 33160

Title	DV
Name	KATZ, DAVID
Address	17100 COLLINS AVE STE 225
City-State-Zip:	SUNNY ISLES BCH FL 33160

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

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

Title	VP
Name	KATZ, NATHAN
Address	50 CABOT STREET, SUITE 200
City-State-Zip:	NEEDHAM MA 02494

Title	VP
Name	KATZ, BENJAMIN
Address	50 CABOT STREET, SUITE 200
City-State-Zip:	NEEDHAM MA 02494

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID KATZ**MANAGER****03/13/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date