# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L11000144546

Entity Name: RK 17534 COLLINS, LLC

#### **Current Principal Place of Business:**

17100 COLLINS AVENUE, STE. 225 SUNNY ISLES BEACH, FL 33160

### **Current Mailing Address:**

17100 COLLINS AVENUE, STE. 225 SUNNY ISLES BEACH, FL 33160 US

# FEI Number: 45-4197890

#### Name and Address of Current Registered Agent:

CUTLER, MITCHELL 17100 COLLINS AVENUE, STE. 225 SUNNY ISLES BEACH, FL 33160 US FILED Jan 30, 2024 Secretary of State 5664359169CC

Date

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KATZ, RAANAN	Name	KATZ, DANIEL
Address	17100 COLLINS AVENUE, STE. 225	Address	17100 COLLINS AVENUE, STE. 225
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	MGR	Title	MGR
Name	KATZ, DAVID	Name	KATZ, SABRA
Address	17100 COLLINS AVENUE, STE. 225	Address	17100 COLLINS AVENUE, STE. 225
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	MGRM		
Name	KATZ LEGACY LIMITED PARTNERSHIP		
Address	17100 COLLINS AVENUE, STE. 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	01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date