

**2025 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

**Certificate of Status Desired:** No

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

CUTLER, MITCHELL  
17100 COLLINS AVENUE, STE. 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 MGR  
Name KATZ, RAANAN  
Address 17100 COLLINS AVENUE, STE. 225  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

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

Title MGR  
Name KATZ, SABRA  
Address 17100 COLLINS AVENUE, STE. 225  
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

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

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

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

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*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**

**03/14/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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