

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008506

1. Entity Name

MARKETPLACE 24-7, LLC

Principal Place of Business

505 TOPS'L BEACH BLVD  
SUITE 607  
DESTIN FL 32541

Mailing Address

P.O. BOX 188  
DESTIN FL 32540

2. Principal Place of Business

550 TOPS'L BEACH BLVD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 607

City & State

DESTIN, FL

City & State

Zip

32550

Country

USA

Country

4. FEI Number

59-3616210

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAHELA, LARRY  
505 TOPS'L BEACH BLVD  
SUITE 607  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

CAHELA, LARRY

Street Address (P.O. Box Number is Not Acceptable)

550 TOPS'L BEACH BLVD

SUITE 607

City

DESTIN

FL

Zip Code

32550

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.

SIGNATURE

Larry Cahela

LARRY CAHELA

9/15/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
LARRY CAHELA  
550 TOPS'L BEACH BLVD, SUITE 607  
DESTIN, FL 32550

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7000034083000-800  
-09/28/00--01036--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Larry Cahela

REQUIZADO CAHELA

9/15/00

(850) 622-9134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)