

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008506

1. Entity Name

MARKETPLACE 24-7, LLC

FILED

01 SEP 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

550 TOPS'L BEACH BLVD
SUITE 607
DESTIN FL 32550

Mailing Address

P.O. BOX 188
DESTIN FL 32540

2. Principal Place of Business

515 TOPS'L BEACH BLVD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 501

City & State

DESTIN, FL

City & State

4. FEI Number

59-3616210

Applied For

Not Applicable

Zip

32550

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAHELA, LARRY
550 TOPS'L BEACH BLVD
SUITE 607
DESTIN FL 32550

7. Name and Address of New Registered Agent

Name

LARRY CAHELA

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

515 TOPS'L BEACH BLVD.

SUITE 501

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

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
Due By September 26, 2001

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-09/26/01--01036--002

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAHELA, LARRY 550 TOPS'L BEACH BLVD DESTIN FL 32550	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CAHELA, LARRY 515 TOPS'L BEACH BLVD, SUITE 501 DESTIN, FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 LARRY CAHELA

9/5/01

(850) 598-0373

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

Date

Daytime Phone #

0001598

CR2E083 (5/01)

STAPLE CHECK HERE