

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059044

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** STATE TRUST ASSET RECOVERY, LLC

**Current Principal Place of Business:**

4509 NW 23RD AVE  
SUITE 17  
GAINESVILLE, FL 326066570

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 357576  
SUITE 17  
GAINESVILLE, FL 326357576

**New Mailing Address:**

**FEI Number:** 20-4978604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALLEN, C. TOM  
4509 NW 23RD AVE  
SUITE 17  
GAINESVILLE, FL 326066570 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** ALLEN, TOM C  
**Address:** 4509 NW 23RD AVE SUITE 17  
**City-St-Zip:** GAINESVILLE, FL 326066570

**Title:** VP  
**Name:** ALLEN, MISTY M  
**Address:** 4509 NW 23RD AVE SUITE 17  
**City-St-Zip:** GAINESVILLE, FL 326066570

**Title:** VP  
**Name:** ALLEN, JONATHAN D  
**Address:** 4509 NW 23RD AVE SUITE 17  
**City-St-Zip:** GAINESVILLE, FL 326066507

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** C. TOM ALLEN

P

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date