

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059044

FILED  
Jan 15, 2009  
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 ( )

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

01/15/2009

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