

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