

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