

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059044

FILED  
Jan 05, 2012  
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

PRES

01/05/2012

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