

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059044

**FILED  
Mar 30, 2022  
Secretary of State  
8435048457CC**

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

**Current Principal Place of Business:**

2505 NW 7TH RPAD  
GAINESVILLE, FL 32607

**Current Mailing Address:**

PO BOX 357576  
GAINESVILLE, FL 32635-7576 US

**FEI Number:** 20-4978604

**Certificate of Status Desired:** No

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

ALLEN, C. TOM  
2505 NW 7TH ROAD  
GAINESVILLE, FL 32607 US

*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

**Authorized Person(s) Detail :**

Title P  
Name ALLEN, TOM C  
Address PO BOX 357576  
City-State-Zip: GAINESVILLE FL 32635

Title VP  
Name ALLEN, MISTY M  
Address PO BOX 357576  
City-State-Zip: GAINESVILLE FL 32635

Title VP  
Name ALLEN, JONATHAN D  
Address PO BOX 357576  
City-State-Zip: GAINESVILLE FL 32635

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** C TOM ALLEN

**PRESIDENT**

**03/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date