

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059044

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