

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059044

Entity Name: STATE TRUST ASSET RECOVERY, LLC

Current Principal Place of Business:

4509 NW 23RD AVE
SUITE 17
GAINESVILLE, FL 32606-6570

Current Mailing Address:

PO BOX 357576
SUITE 17
GAINESVILLE, FL 32635-7576

FEI Number: 20-4978604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, C. TOM
4509 NW 23RD AVE
SUITE 17
GAINESVILLE, FL 32606-6570 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 4509 NW 23RD AVE SUITE 17
City-State-Zip: GAINESVILLE FL 32606-6570

Title VP
Name ALLEN, MISTY M
Address 4509 NW 23RD AVE SUITE 17
City-State-Zip: GAINESVILLE FL 32606-6570

Title VP
Name ALLEN, JONATHAN D
Address 4509 NW 23RD AVE SUITE 17
City-State-Zip: GAINESVILLE FL 32606-6507

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C TOM ALLEN

PRESIDENT

02/06/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date