

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059044

**FILED  
Feb 17, 2014  
Secretary of State  
CC0865707890**

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

**SIGNATURE:** C TOM ALLEN

**PRESIDENT**

**02/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date