L24 000 492 001

(Requestor's Name)				
(Address)				
(Address)				
(isaisss)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(20010)				
Continue of Contin				
Certified Copies Certificates of Status				
Special instructions to Filing Officer:				

Office Use Only



000440982830

12/12/24--01014--003 **100.00

25 DEC 12 FN 3: 52

COVER LETTER

TO:	Registration Section Division of Corporations		
SHRI	ECT:Tower Hill Insurance Agency, LLC		
SODa.	Name of Li	mited Liability Co	mpany
	nclosed Statement of Revocation of Dissolution tted for filing.	on for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning this ma	itter to:	
Scott	P. Rowe		
	Contact Person		_
Towe	r Hill Insurance Group, LLC		
	Firm/Company	· · ·	_
7201	NW 11th Place		
	Address		_
Gaine	sville, Florida 32605		
	City, State and Zip Code		_
-	ratelicensing@thig.com		
E-	mail address: (to be used for future annual re	port notification)	_
	rther information concerning this matter, plea		
Jessic	a Cowart	at (<u></u>	333-1817)
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

Tower Hill Insurance Agency, LLC The name of the company is:
L24000492001 The document number of the company is
The effective date the Dissolution was filed is
12/03/2024
The revocation of dissolution was authorized on
A copy of the Articles of Dissolution is attached.
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

20 12 PM 3:5

CR2E132 (10/15)

FILED Dec 03, 2024 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

TOWER HILL INSURANCE AGENCY, LLC

The document number of the limited liability company: L24000492001

The file date of the articles of organization: November 21, 2024

The effective date of the dissolution if not effective on the date of filing: December 3, 2024

A description of occurance that resulted in the limited liability company's dissolution:

THE LLC WAS ERRANTLY FORMED IN FLORIDA AND IS NO LONGER REQUIRED. THE LLC DID NOT ENGAGE IN ANY BUSINESS IN FLORIDA

The name and address of the person appointed to wind up the company's activities and affairs:

SCOTT P. ROWE 7201 NW 11TH PLACE GAINESVILLE, FL 32605

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SCOTT P. ROWE

Electronic Signature of authorized person