

T01000000296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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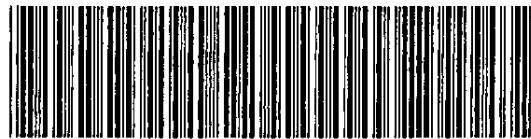
(Business Entity Name)

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RENEWAL

02/25/11--01034--013 **87.50

T01-296

FILED
11 FEB 25 AM 11:55
STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

FEB 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tower Hill
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott P. Rowe, General Counsel
(Name of Person)

Tower Hill Insurance Group, LLC.
(Firm/Company)

P.O. Box 147018
(Address)

Gainesville, FL 32614-7018
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Fillmon at (352) 333-1789
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class
CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Tower Hill Insurance Group, LLC.

P.O. Box 147018

Gainesville, FL 32614-7018

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

- 1) Mark Registered: Tower Hill
- 2) Registration Number: 701000000296
- 3) Date Filed: 3/6/2001 4.) Renewal Date: 3/6/2011 5.) Class(es) Filed: 36
- 6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.
- The mark is still in use in the state of Florida.

- 7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.
- 8) If applicant is a business entity, enter the state of incorporation/formation/organization: Florida

Tower Hill Insurance Group, LLC.

Typed or Printed Name of Owner

Scott Rowe
Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Alachua

Sworn to and subscribed before me on this 24th day of February, 2011, Scott Rowe
(Name of Individual Signig)

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

(Seal)



Christine Fillmon
Notary Public's Signature

Christine Fillmon

Notary Public's Printed Name

Fee: \$87.50 Per Class

Certificate of Renewal : \$8.75 (Optional)

CR2E005 (1/11)



Tower Hill
Insurance

Scott P. Rowe
General Counsel and
Executive Vice President
Direct: (352) 333-1209
Fax: (352) 333-1209
srowe@thig.com

7201 NW 11th Place, Gainesville, FL 32605
(800) 509-1592 • www.thig.com

OFFICIAL SPECIMEN