

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072173

**FILED**  
**Feb 20, 2014**  
**Secretary of State**  
**CC1426174212**

**Entity Name:** TOWER HILL CLAIMS SERVICE, LLC

**Current Principal Place of Business:**

7201 NW 11TH PLACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

7201 NW 11TH PLACE  
GAINESVILLE, FL 32605

**FEI Number:** 27-0867632

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROWE, SCOTT R  
7201 NW 11TH PLACE  
GAINESVILLE, FL 32605 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 MGRM  
Name TOWER HILL CLAIMS SERVICE II, INC.  
Address 7201 NW 11TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title MGR  
Name RRV U.S. HOLDINGS, INC.  
Address 8-20  
City-State-Zip: HAMILTON, HM BERMU-DA

Title CEO, DIRECTOR  
Name SHIVELY, WILLIAM J  
Address 7201 NW 11TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR, SECRETARY  
Name MATZ, JR., DONALD C  
Address 7201 NW 11TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name BENSON, KEYTON  
Address 7201 NW 11TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name DOAK, MICHAEL  
Address 12 CROW LANE  
City-State-Zip: PEMBROKE BERMUDA HM 19

*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:** WILLIAM J. SHIVELY

**CEO**

**02/20/2014**

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

\_\_\_\_\_  
Date