

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072173

FILED
Feb 26, 2016
Secretary of State
CC1788994885

Entity Name: TOWER HILL CLAIMS SERVICE, LLC

Current Principal Place of Business:

7201 NW 11TH PLACE
GAINESVILLE, FL 32605

Current Mailing Address:

P.O. BOX 147018
GAINESVILLE, FL 32614-7018 US

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, PRESIDENT
Name SHIVELY, WILLIAM J
Address P.O. BOX 147018
City-State-Zip: GAINESVILLE FL 32614-7018

Title DIRECTOR, SECRETARY
Name MATZ, JR., DONALD C JR.
Address P.O. BOX 147018
City-State-Zip: GAINESVILLE FL 32614-7018

Title DIRECTOR
Name BENSON, KEYTON
Address P.O. BOX 147018
City-State-Zip: GAINESVILLE FL 32614-7018

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

02/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date