

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072173

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

Title VP  
Name LA, KIRK Q  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

Title SECRETARY  
Name ROWE, SCOTT P  
Address P.O. BOX 147018  
City-State-Zip: GAINESVILLE FL 32614-7018

*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:** SCOTT P. ROWE

SECRETARY

03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date