

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000079140

**Entity Name:** TRUSTED NATIONAL TITLE INSURANCE AGENCY, P.A.

**Current Principal Place of Business:**

800 VILLAGE SQUARE CROSSING STE 337  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

800 VILLAGE SQUARE CROSSING STE 337  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 83-3130574

**Certificate of Status Desired:** No

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

BURNS, NATALIE  
800 VILLAGE SQUARE CROSSING STE 337  
PALM BEACH GARDENS, FL 33410 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

**Officer/Director Detail :**

Title            O  
Name            BURNS, NATALIE  
Address        800 VILLAGE SQUARE CROSSING  
                  STE 337  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATALIE BURNS

O

02/19/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date