#### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000079140

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

FILED
Jan 19, 2024
Secretary of State
5600885516CC

# **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 C

Name BURNS, NATALIE

Address 800 VILLAGE SQUARE CROSSING

**STE 337** 

SIGNATURE: NATALIE BURNS

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.

Electronic Signature of Signing Officer/Director Detail

**OFFICER** 

01/19/2024 Date