

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000113095

**Entity Name:** TRUSTED NATIONAL TITLE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

800 VILLAGE SQUARE CROSSING  
337  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

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

**FEI Number:** 46-3386845

**Certificate of Status Desired:** No

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

BURNS, NATALIE  
800 VILLAGE SQUARE CROSSING  
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

**Authorized Person(s) Detail :**

Title MGRM  
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 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:** NATALIE BURNS

MGRM

01/25/2016

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

\_\_\_\_\_  
Date