

2015 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

MANAGING MEMBER

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date