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 mem o execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or 01/04/2024

SIGNATURE: JASC

SECRETARY OF MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

FILED
Jan 04, 2024
Secretary of State
6008748988CC

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:

Authorized Person(s) Detail : Title Title MGR AP Name WMB CORP. Name MELVIN, ADRIENE Address 9800 CONNECTICUT DR STE A1-100 Address 411 PARK AVE STE 3 City-State-Zip: CROWN POINT IN 46307 City-State-Zip: BOCA RATON FL 33921

Certificate of Status Desired: No

Date

Date

ber of manager of the limited liability company of the receiver of trustee empowered	110
on an attachment with all other like empowered.	
DN WEISLER	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Registered Agent

Current Principal Place of Business: 411 PARK AVE STE 3 BOCA RATON, FL 33921

Current Mailing Address:

DOCUMENT# L22000014487

9800 CONNECTICUT DR STE A1-100 CROWN POINT. IN 46307 US

Entity Name: BINNACLE BEND 495, LLC

FEI Number: 87-4529500

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US