

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000467

**Entity Name:** BAYVIEW FINANCIAL EXCHANGE SERVICES, LLC

**Current Principal Place of Business:**

4425 PONCE DE LEON BLVD., 4TH FL  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4425 PONCE DE LEON BLVD., 4TH FL  
CORAL GABLES, FL 33146

**FEI Number: 03-0373012**

**Certificate of Status Desired: No**

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

BOMSTEIN, BRIAN E  
4425 PONCE DE LEON BLVD. 4TH FLOOR  
MIAMI, FL 33146 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           MANAGER  
Name           ERTEL, DAVID  
Address        4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title           SVP  
Name           EVENSON, BRETT  
Address        4425 PONCE DE LEON BLVD., 4TH FLOOR  
City-State-Zip: MIAMI FL 33146

Title           SVP  
Name           O'BRIEN, RICHARD  
Address        4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title           SVPS  
Name           BOMSTEIN, BRIAN E  
Address        4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title           SVPT  
Name           FISCHER, JOHN H  
Address        4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title           P  
Name           QUINT, DAVID  
Address        4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title           SVPAS  
Name           CARR, THOMAS  
Address        4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title           SVP  
Name           WILLIAMS, MARVIN  
Address        4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

**Continues on page 2**

*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: BRIAN E. BOMSTEIN**

**SECRETARY**

**04/16/2014**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title SVP & TREASURER  
Name LIEBLICH, JAMES  
Address 4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title FIRST VP & CONTROLLER  
Name GLASSMAN, MARK  
Address 4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name LOMINAC, EVE  
Address 4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name GUSS, MICHAEL  
Address 4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146