Entity Name: BAYVIEW FINANCIAL EXCHANGE SERVICES, LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

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

DOCUMENT# L0200000467

Current Mailing Address:

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

FEI Number: 03-0373012

Name and Address of Current Registered Agent:

BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD. 4TH FLOOR MIAMI, FL 33146 US

Certificate of Status Desired: No

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:

Title

Title

Title

Title

Name

Address

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent Authorized Person(s) Detail : MANAGER Title SVP ERTEL, DAVID Name Name EVENSON, BRETT 4425 PONCE DE LEON BLVD., 4TH Address 4425 PONCE DE LEON BLVD., 4TH FL Address FLOOR City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: MIAMI FL 33146 SVP Title SVPS Name O'BRIEN, RICHARD Name BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD., 4TH FL 4425 PONCE DE LEON BLVD., 4TH FL Address Address City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146 SVPT Title Р Name FISCHER, JOHN H Name QUINT, DAVID Address 4425 PONCE DE LEON BLVD., 4TH FL Address 4425 PONCE DE LEON BLVD., 4TH FL

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.

City-State-Zip:

City-State-Zip:

Continues on page 2

Title

Name

Address

SIGNATURE: BRIAN E. BOMSTEIN

SVPAS

CARR, THOMAS

CORAL GABLES FL 33146

CORAL GABLES FL 33146

4425 PONCE DE LEON BLVD., 4TH FL

SECRETARY

CORAL GABLES FL 33146

CORAL GABLES FL 33146

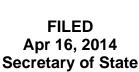
4425 PONCE DE LEON BLVD., 4TH FL

WILLIAMS, MARVIN

SVP

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail



CC6010885711

Date

Date

Authorized Person(s) Detail Continued :

Title	SVP & TREASURER	Title	SVP
Name	LIEBLICH, JAMES	Name	LOMINAC, EVE
Address	4425 PONCE DE LEON BLVD., 4TH FL	Address	4425 PONCE DE LEON BLVD., 4TH FL
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146
Title	FIRST VP & CONTROLLER	Title Name Address	VP
Name	GLASSMAN, MARK		GUSS. MICHAEL
Address	4425 PONCE DE LEON BLVD., 4TH FL		4425 PONCE DE LEON BLVD., 4TH FL
City-State-Zip:	CORAL GABLES FL 33146	Address	
		City-State-Zip:	CORAL GABLES FL 33146