

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000467

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC8338115389**

**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: SVP  
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

**SVP**

**04/04/2017**

\_\_\_\_\_  
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 - CFO  
Name O'NEIL, SEAN  
Address 4425 PONCE DE LEON BLVD., 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

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

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