

2015 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 O'BRIEN, RICHARD
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 SVPAS
Name CARR, THOMAS
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 SVPS
Name BOMSTEIN, BRIAN E
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 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**SVPS****04/02/2015**

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