

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M9900000134

**FILED**  
**Apr 01, 2015**  
**Secretary of State**  
**CC5068835487**

**Entity Name:** BAYVIEW FINANCIAL ADVISORY 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:** 65-0882278

**Certificate of Status Desired:** No

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

BOMSTEIN, BRIAN E ESQ.  
4425 PONCE DE LEON BLVD., 4TH FLOOR  
CORAL GABLES, 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:** BRIAN E BOMSTEIN

04/01/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

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

Title SCFO  
Name FISCHER, JOHN H  
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

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

Title SR. VP & ASST SECTY  
Name CARR, THOMAS F  
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

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*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

04/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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

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