

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9900000134

FILED
Apr 06, 2018
Secretary of State
CC1008801455

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

04/06/2018

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 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

Title SVP - CFO
Name O'NEIL, SEAN
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

SVP

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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