

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000664

Entity Name: BAYVIEW SOLUTIONS LLC

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

111 2ND AVE NE  
SUITE # 515  
ST PETERSBURG, FL 33701

## Current Mailing Address:

111 2ND AVE NE  
SUITE # 515  
ST PETERSBURG, FL 33701

## New Principal Place of Business:

111 2ND AVE NE  
SUITE # 516  
ST PETERSBURG, FL 33701

## New Mailing Address:

111 2ND AVE NE  
SUITE # 516  
ST PETERSBURG, FL 33701

FEI Number: 38-3772462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TOMKO, ARON  
5250 41ST ST SO  
ST PETERSBURG, FL 33711 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TOMKO, ARON  
Address: 5250 41ST ST SO  
City-St-Zip: ST PETERSBURG, FL 33711 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TOMKO, ARON  
Address: 5019 29TH AVE S #1  
City-St-Zip: GULFPORT, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ARON TOMKO

MNGR

03/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date