## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000029

Entity Name: BAYVIEW LENDING GROUP HOLDINGS LLC

FILED
Apr 03, 2013
Secretary of State
CC6099699210

**Current Principal Place of Business:** 

4425 PONCE DE LEON BLVD., 4TH FLOOR

CORAL GABLES, FL 33146

## **Current Mailing Address:**

4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146

FEI Number: 20-8205181 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BOMSTEIN, BRIAN E 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:

Address

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title MGRP Title CEO

Name QUINT, DAVID Name ERTEL, DAVID

Address 4425 PONCE DE LEON BLVD., 4TH Address 4425 PONCE DE LEON BLVD 4TH FL

FLOOR City-State-Zip:

City-State-Zip: CORAL GABLES FL 33146

Title SVPS Title SVCF

Name BOMSTEIN, BRIAN E Name FISCHER, JOHN H

Address 4425 PONCE DE LEON BLVD 4TH FL
Address 4425 PONCE DE LEON BLVD 4TH FL

City-State-Zip: MIAMI FL 33146

Title SVP

Name WILLIAMS, MARVIN
Name O'BRIEN, RICHARD

Address 4245 PONCE DE LEON BLVD 4TH FL
Address 4245 PONCE DE LEON BLVD 4TH FL

City-State-Zip: MIAMI FL 33146

Title SR. VP

Title SR. VP & ASST SECTY Name LOMINAC, EVE

Name CARR, THOMAS F Address 4425 PONCE DE LEON BLVD., 4TH

4425 PONCE DE LEON BLVD., 4TH FLOOR

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MIAMI FL 33146

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN BOMSTEIN SR. VP 04/03/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title FIRST VP & CONTROLLER Title VP

Name GLASSMAN, MARK Name GUSS, MICHAEL B

Address 4425 PONCE DE LEON BLVD., 4TH FLOOR Address 4425 PONCE DE LEON BLVD., 4TH

FLOOR

City-State-Zip: CORAL GABLES FL 33146
City-State-Zip: CORAL GABLES FL 33146