

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003191

**Entity Name:** BAYVIEW 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:** 27-0743533**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOMSTEIN, BRIAN E ESQ.  
4425 PONCE DE LEON BLVD. 4TH FL  
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

04/09/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title SCOO  
Name O'BRIEN, RICHARD  
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 FL  
City-State-Zip: CORAL GABLES FL 33146

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

Title SVP ASST. SECRETARY  
Name CARR, THOMAS F  
Address 4425 PONCE DE LEON BLVD. 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name DOUGHERTY, JAMES J  
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**SECRETARY**

04/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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

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

Title FVP & CONTROLLER  
Name GLASSMAN, MARK  
Address 4425 PONCE DE LEON BLVD. 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name PONDOLFI, ROBERT  
Address 4425 PONCE DE LEON BLVD. 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

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

Title VP  
Name HARTMANN, LAURA  
Address 4425 PONCE DE LEON BLVD. 4TH FL  
City-State-Zip: CORAL GABLES FL 33146

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