2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000134

Entity Name: BAYVIEW FINANCIAL ADVISORY SERVICES, LLC

FILED
Apr 03, 2013
Secretary of State
CC6594032027

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 04/03/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MCEO Title PCOO

Name ERTEL, DAVID Name QUINT, DAVID

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

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

Title SVPS Title SCFO

Name BOMSTEIN, BRIAN Name FISCHER, JOHN H

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

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

Title SVP Title SVP

Name WILLIAMS, MARVIN Name LOMINAC, EVE

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

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

Title SR. VP & ASST SECTY

Title FIRST VP & CONTROLLER
Name CARR, THOMAS F

Name GLASSMAN, MARK

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

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

SIGNATURE: BRIAN BOMSTEIN SVPS 04/03/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title VP

Name GUSS, MICHAEL B

Address 4425 PONCE DE LEON BLVD., 4TH FL

City-State-Zip: CORAL GABLES FL 33146