

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004012

**Entity Name:** RSW FUEL COMPANY LLC

**Current Principal Place of Business:**

45025 AVIATION DRIVE  
SUITE 350  
DULLES, VA 20166

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC0370466641**

**Current Mailing Address:**

45025 AVIATION DRIVE  
SUITE 350  
DULLES, VA 20166 US

**FEI Number:** 45-3083575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name JETBLUE AIRWAYS CORPORATION  
Address 45025 AVIATION DRIVE  
SUITE 350  
City-State-Zip: DULLES VA 20166

Title CONTROLLER  
Name DATOC, OLIVIA  
Address 45025 AVIATION DR  
C/O SWISSPORT FUELING INC. SUITE  
350  
City-State-Zip: DULLES VA 20166

Title AUTHORIZED MEMBER  
Name SPIRIT AIRLINES  
Address 45025 AVIATION DRIVE  
SUITE 350  
City-State-Zip: DULLES VA 20166

Title AUTHORIZED MEMBER  
Name US AIRWAYS INC  
Address 45025 AVIATION DRIVE  
SUITE 350  
City-State-Zip: DULLES VA 20166

Title AUTHORIZED MEMBER  
Name DELTA AIR LINES, INC  
Address 45025 AVIATION DRIVE  
SUITE 350  
City-State-Zip: DULLES VA 20166

Title AUTHORIZED MEMBER  
Name SOUTHWEST AIRLINES CO  
Address 45025 AVIATION DRIVE  
SUITE 350  
City-State-Zip: DULLES VA 20166

Title AUTHORIZED MEMBER  
Name AMERICAN AIRLINES, INC  
Address 45025 AVIATION DRIVE  
SUITE 350  
City-State-Zip: DULLES VA 20166

Title AUTHORIZED MEMBER  
Name UNITED AIRLINES, INC  
Address 45025 AVIATION DRIVE  
SUITE 350  
City-State-Zip: DULLES VA 20166

*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:** OLIVIA DATOC

**CONTROLLER**

**04/22/2015**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date