# 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# M0600006084

#### Entity Name: SFB FUELING, LLC

## Current Principal Place of Business:

1201 NORTH TOWN CENTER DRIVE LAS VEGAS, NV 89144

## **Current Mailing Address:**

1201 NORTH TOWN CENTER DRIVE LAS VEGAS, NV 89144 US

## FEI Number: 20-5799667

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Date

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

| Title           | MGR                          | Title           | MGR                          |
|-----------------|------------------------------|-----------------|------------------------------|
| Name            | SHELDON, SCOTT               | Name            | HOPKINS, SEAN                |
| Address         | 1201 NORTH TOWN CENTER DRIVE | Address         | 1201 NORTH TOWN CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89144           | City-State-Zip: | LAS VEGAS NV 89144           |
|                 |                              |                 |                              |
|                 |                              |                 |                              |
| Title           | MGR                          | Title           | MGR                          |
| Title<br>Name   | MGR<br>GOULDTHORPE, LARRY    | Title<br>Name   | MGR<br>ROBINSON, KEITH       |
|                 |                              |                 |                              |
| Name            | GOULDTHORPE, LARRY           | Name            | ROBINSON, KEITH              |

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: SCOTT SHELDON

MANAGER

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date