

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027683

FILED  
Jan 08, 2011  
Secretary of State

**Entity Name:** IMPACT FHS RESTAURANTS III, L.L.C.

**Current Principal Place of Business:**

16057 TAMPA PALMS BLVD WEST # 346  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

16057 TAMPA PALMS BLVD WEST  
SUITE 346  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 13-4217155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, NILESH  
115 SOUTH WILLOW AVENUE  
TAMPA, FL 33606 US

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

PATEL, NILESH  
2024 W CLEVELAND ST  
TAMPA, FL 33606 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:

01/08/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KANJI, DILIP  
Address: 7627 COURTNEY CAMPBELL CAUSEWAY  
City-St-Zip: TAMPA, FL 33607

Title: MGRM  
Name: SHEMBEKAR, TUSHAR J  
Address: 16057 TAMPA PALMS BLVD WEST # 346  
City-St-Zip: TAMPA, FL 33647

Title: MGRM  
Name: PATEL, SARJU  
Address: 19046 BRUCE B DOWNS BLVD #301  
City-St-Zip: TAMPA, FL 33647

Title: MGRM  
Name: PATEL, NILESH  
Address: 2024 W CLEVELAND ST  
City-St-Zip: TAMPA, FL 33606

Title: MGRM  
Name: KANJI, NARESH  
Address: 7627 COURTNEY CAMPBELL CAUSEWAY  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information indicated on this 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.

SIGNATURE: TUSHAR J SHEMBEKAR

MGRM

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date