

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027683

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

**Current Principal Place of Business:**

19046 BRUCE B DOWNS BLVD, SUITE 301  
TAMPA, FL 33647

**Current Mailing Address:**

19046 BRUCE B DOWNS BLVD, SUITE 301  
TAMPA, FL 33647 US

**FEI Number:** 13-4217155

**Certificate of Status Desired:** No

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

PATEL, SARJU R  
19046 BRUCE B DOWNS BLVD, SUITE 301  
TAMPA, FL 33647 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:** SARJU R PATEL

05/02/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	KANJI, DILIP
Address	7627 COURTNEY CAMPBELL CAUSEWAY
City-State-Zip:	TAMPA FL 33607
Title	MGRM
Name	PATEL, SARJU
Address	19046 BRUCE B DOWNS BLVD #301
City-State-Zip:	TAMPA FL 33647

Title	MGRM
Name	SHEMBEKAR, TUSHAR J
Address	75 N WOODWARD AVE #85600
City-State-Zip:	TALLAHASSEE FL 32313
Title	MGRM
Name	KANJI, NARESH
Address	7627 COURTNEY CAMPBELL CAUSEWAY
City-State-Zip:	TAMPA FL 33607

*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:** SARJU PATEL

VP

05/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date