

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045267

**Entity Name:** IMPACT FHS RESTAURANTS X LLC**Current Principal Place of Business:**16057 TAMPA PALMS BLVD WEST, #242  
TAMPA, FL 33647**Current Mailing Address:**16057 TAMPA PALMS BLVD WEST, #242  
TAMPA, FL 33647**FEI Number:** 45-4957478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHEMBEKAR, TUSHAR J  
16057 TAMPA PALMS BLVD WEST  
STE 242  
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:** TUSHAR J SHEMBEKAR

01/24/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title	MGR
Name	KANJI, NARESH
Address	7627 COURTNEY CAMPBELL CAUSEWAY
City-State-Zip:	TAMPA FL 33607

Title	ST
Name	SHEMBEKAR, TUSHAR J
Address	16057 TAMPA PALMS BLVD WEST, #242
City-State-Zip:	TAMPA FL 33647

Title	MBR
Name	PATEL, SARJU
Address	19046 BRUCE B DOWNS BLVD STE 301
City-State-Zip:	TAMPA FL 33647

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:** TUSHAR J SHEMBEKAR

VICE PRESIDENT

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date