

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059381

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** IMPACT FHS RESTAURANTS VIII, LLC

**Current Principal Place of Business:**

16057 TAMPA PALMS BOULEVARD WEST  
346  
TAMPA, FL 33647

**New Principal Place of Business:**

16057 TAMPA PALMS BOULEVARD WEST  
STE 346  
TAMPA, FL 33647

**Current Mailing Address:**

16057 TAMPA PALMS BOULEVARD WEST  
346  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 27-2778845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, NILESH M  
2024 WEST CLEVELAND STREET  
TAMPA, FL 33606 US

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

SHEMBEKAR, TUSHAR J  
16057 TAMPA PALMS BLVD W  
STE 346  
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

04/24/2011

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  
Address: 16057 TAMPA PALMS BLVD WEST, #346  
City-St-Zip: TAMPA, FL 33647

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

Title: MGRM  
Name: PATEL, SARJU  
Address: 16046 BRUCE B DOWNS BLVD, #301  
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

04/24/2011

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