

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000059381

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

**Current Principal Place of Business:**

19046 BRUCE B DOWNS BLVD  
STE 301  
TAMPA, FL 33647

**Current Mailing Address:**

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

**FEI Number:** 27-2778845

**Certificate of Status Desired:** No

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

PATEL, SARJU R  
19046 BRUCE B DOWNS BLVD  
STE 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 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

Title MGRM  
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 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