

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000059381

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

**Current Principal Place of Business:**

1936 BRUCE B DOWNS BLVD #500  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

1936 BRUCE B DOWNS BLVD #500  
WESLEY CHAPEL, FL 33544

**FEI Number:** 27-2778845

**Certificate of Status Desired:** No

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

SHEMBEKAR, TUSHAR J  
1936 BRUCE B DOWNS BLVD #500  
WESLEY CHAPEL, FL 33544 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:** \_\_\_\_\_

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 1936 BRUCE B DOWNS BLVD #500  
City-State-Zip: WESLEY CHAPEL FL 33544

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

Title MGRM  
Name PATEL, SARJU  
Address 16046 BRUCE B DOWNS BLVD, #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:** TUSHAR J SHEMBEKAR

**VICE PRESIDENT**

**02/10/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date