

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000029182

**Entity Name:** CHAGRINOVATIONS, LLC

**Current Principal Place of Business:**

427 NASSAU COURT  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

427 NASSAU COURT  
MARCO ISLAND, FL 34145 US

**FEI Number:** 83-3450313

**Certificate of Status Desired:** No

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

DECARLO, TAMARA M  
427 NASSAU COURT  
MARCO ISLAND, FL 34145 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 MGR, AUTHORIZED MEMBER  
Name WESTERN DESERT HOLDINGS, L.L.C.  
Address 427 NASSAU COURT  
City-State-Zip: MARCO ISLAND FL 34145

Title AUTHORIZED MEMBER  
Name TAYLOR, CURTIS  
Address 7209 CHAGRIN ROAD, SUITE D  
City-State-Zip: CHAGRIN FALLS OH 44023

Title AUTHORIZED MEMBER  
Name SPLENDID INVESTMENT AND DEVELOPMENT LLC  
Address 427 NASSAU COURT  
City-State-Zip: MARCO ISLAND FL 34145

Title AUTHORIZED MEMBER  
Name BLUE SKY INVESTMENT AND DEVELOPMENT LLC  
Address 427 NASSAU COURT  
City-State-Zip: MARCO ISLAND FL 34145

Title AUTHORIZED MEMBER  
Name GARY J. NAIM TRUST 5/30/19  
Address 6590 SUMMER WIND DRIVE  
City-State-Zip: BRECKSVILLE OH 44141

Title AUTHORIZED MEMBER  
Name NAIM, DEREK  
Address 2098 CARABEL AVENUE  
City-State-Zip: LAKEWOOD OH 44107

*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:** TAMARA M DECARLO

**AGENT**

**04/08/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date