

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000029182

Entity Name: CHAGRINOVATIONS, LLC

Current Principal Place of Business:

4944 SHAKER HEIGHTS COURT
UNIT 202
NAPLES, FL 34112

Current Mailing Address:

4944 SHAKER HEIGHTS COURT
UNIT 202
NAPLES, FL 34112 US

FEI Number: 83-3450313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DECARLO, TAMARA M
4944 SHAKER HEIGHTS COURT
APT 202
NAPLES, FL 34112 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 4944 SHAKER HEIGHTS COURT, UNIT 202
City-State-Zip: NAPLES FL 34112

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 4944 SHAKER HEIGHTS COURT, UNIT 202
City-State-Zip: NAPLES FL 34112

Title AUTHORIZED MEMBER
Name BLUE SKY INVESTMENT AND DEVELOPMENT LLC
Address 4944 SHAKER HEIGHTS COURT, UNIT 202
City-State-Zip: NAPLES FL 34112

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

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

MANAGING MEMBER

04/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date