

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000186813

**Entity Name:** NEYLLAHAIRCARE N.H.C. LLC

**Current Principal Place of Business:**

9812 LATE WAY  
GROVELAND, FL 34736

**Current Mailing Address:**

9812 LATE WAY  
GROVELAND, FL 34736 US

**FEI Number:** 86-1480403

**Certificate of Status Desired:** No

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

ATUS JEAN-CHARLES, CHRISTELLE N  
9812 LATE WAY  
GROVELAND, FL 34736 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                             | Title           | AUTHORIZED MEMBER       |
| Name            | ATUS JEAN-CHARLES, CHRISTELLE N | Name            | LEGER, GENESE           |
| Address         | 9812 LATE WAY                   | Address         | 1414 CARRIAGE OAK COURT |
| City-State-Zip: | GROVELAND FL 34736              | City-State-Zip: | OCOE FL 34761           |
|                 |                                 |                 |                         |
| Title           | AUTHORIZED MEMBER               |                 |                         |
| Name            | LINCIFORT, JAHLEEL JUNIOR       |                 |                         |
| Address         | 849 COPENHAGEN WAY              |                 |                         |
| City-State-Zip: | WINTER GARDEN FL 34787          |                 |                         |

*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:** ATUS JEAN-CHARLES, CHRISTELLE N

**MANAGER**

**04/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date