

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000036969

**Entity Name:** AMLOBO HEALTH, LLC

**Current Principal Place of Business:**

1401 MANATEE AVE W  
STE 930  
BRADENTON, FL 34205

**Current Mailing Address:**

1401 MANATEE AVE W  
STE 930  
BRADENTON, FL 34205 US

**FEI Number:** 84-4688996

**Certificate of Status Desired:** No

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

BOLBJERG, TORSTEN  
1401 MANATEE AVE W  
STE 930  
BRADENTON, FL 34205 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  
Name BOLBJERG, TORSTEN  
Address 1401 MANATEE AVE W  
STE 930  
City-State-Zip: BRADENTON FL 34205

Title MGR  
Name BOLBJERG, AMALIE  
Address 1401 MANATEE AVE W  
STE 930  
City-State-Zip: BRADENTON FL 34205

*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:** TORSTEN BOLBJERG

CFO

02/09/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date