

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000073975

**Entity Name:** WOERTHSHIP MINISTRIES LLC

**Current Principal Place of Business:**

931 VILLAGE BLVD  
UNIT 905 BOX #362  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

931 VILLAGE BLVD.  
UNIT 905 BOX #362  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 82-1047227

**Certificate of Status Desired:** No

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

MIREYA RIVERA BURAK PA  
16158 77TH LANE N  
LOXAHATCHEE, FL 33470 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            AMBR  
Name            RAMOS, RICHARD  
Address        931 VILLAGE BLVD  
                  UNIT 905, BOX 362  
City-State-Zip: WEST PALM BEACH FL 33409

Title            AMBR  
Name            SIMKE, DEREK  
Address        931 VILLAGE BLVD  
                  UNIT 905, BOX #362  
City-State-Zip: WEST PALM BEACH FL 33409

Title            AMBR  
Name            MCDONALD, CHRISTIAN  
Address        931 VILLAGE BLVD  
                  UNIT 905, BOX #362  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** RICHARD RAMOS

AMBR

04/13/2022

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

\_\_\_\_\_ Date