

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000212241

**Entity Name:** JEFFERSON 1321, LLC

**Current Principal Place of Business:**

3004 MINNESOTA AVENUE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

PO BOX 597  
LYNN HAVEN, FL 32444

**FEI Number:** 85-1866876

**Certificate of Status Desired:** No

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

NORTH FLORIDA RESTAURANT GROUP, LLC  
3004 MINNESOTA AVENUE  
LYNN HAVEN, FL 32444 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 NORTH FLORIDA RESTAURANT GROUP, LLC  
Address PO BOX 597  
City-State-Zip: LYNN HAVEN FL 32444

Title AMBR  
Name MADDOX, RICHARD  
Address 3004 MINNESOTA AVENUE  
City-State-Zip: LYNN HAVEN FL 32444

Title AMBR  
Name RETHERFORD, REBECCA L  
Address PO BOX 196  
City-State-Zip: LYNN HAVEN FL 32444

Title AMBR  
Name MCMILLAN, CHRISTOPHER  
Address 15207 HIGHWAY 77  
City-State-Zip: SOUTHPORT FL 32409

Title AMBR  
Name MCMILLAN, AMY  
Address 15207 HIGHWAY 77  
City-State-Zip: SOUTHPORT FL 32409

*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:** REBECCA RETHERFORD

CFO

04/28/2021

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

\_\_\_\_\_  
Date