



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Louisa

FIRST NAME

Cronauer

LAST NAME

212-860-1579

CONTACT NUMBER

212-753-2740

ALTERNATE NUMBER

COMPANY DATA BASE

louisa@cronauer.com

EMAIL ADDRESS

Lewis Marenstein Wicke
Sherwin

COMPANY NAME

lmwslaw.com

WEBSITE URL

[20750 Ventura Boulevard # 400](#)

Address

[Woodland Hills](#)

City

[CA](#)

State

[91364](#)

ZIP Code

[Legal Services](#)

SIC DESCRIPTION

[8111](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$500,000 to \\$999,999](#)

COMPANY SALES

[99,600.00](#)

REVENUE (USD)

[Los Angeles](#)

COUNTRY/REGION

[YES](#)

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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1782