



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Caprice

FIRST NAME

Susll

LAST NAME

614-246-1824

CONTACT NUMBER

614-726-4467

ALTERNATE NUMBER

COMPANY DATA BASE

caprice@aol.com

EMAIL ADDRESS

Laxlegacylimo

COMPANY NAME

laxlegacylimo.com/

WEBSITE URL

1041 n ogden dr #1, West Holly

Address

Lee Vining

City

CA

State

93541

ZIP Code

Business Services, NEC

SIC DESCRIPTION

NA

SIC CODE

Subsidiary

ENTITY TYPE

Under \$500,000

COMPANY SALES

684,300.01

REVENUE (USD)

Mono

COUNTRY/REGION

YES

MEDICAL INSURANCE



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



+1 (904) 117-
1782