



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Dalene

FIRST NAME

Schosnscl

LAST NAME

214-268-1274

CONTACT NUMBER

214-680-8820

ALTERNATE NUMBER

COMPANY DATA BASE

dalene@schoeneck.org

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